

Sunnymeade Quality Care Ltd

Sunnymeade Quality Care

Inspection report

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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

About the service: Sunnymeade Quality Care is a residential care home that was providing personal care to 31 people aged 65 and over at the time of the inspection.

People's experience of using this service:

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- People told us they felt safe and happy living at Sunnymeade Quality Care.
- People told us staff met their needs and staff confirmed they received sufficient training.
- Staff knew people well and had an in depth understanding of people's individual preferences and how to meet them.
- Staff ensured people's healthcare needs were met and external advice was sought promptly where required.
- People were treated with respect and staff protected their privacy and dignity.
- Staff ensured people could spend their day where they wanted and supported them to spend their time in a way that reflected their interests.
- People could influence what, where and when they ate, and staff provided support where necessary.
- Regular checks were completed of medicines, records and the standard of care provided. Information collected was then used to ensure any required improvements were made.

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

Rating at last inspection: Good (report published 12 October 2016)

Why we inspected: This was a planned inspection based on previous rating.

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
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good ●

Sunnymeade Quality Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector and one expert by experience. The expert by experience was a person who has had personal experience of using or caring for someone who lives with dementia.

Service and service type:

Sunnymeade Quality Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 40 people in one adapted building.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with:

- seven people
- two relatives

- ☐ seven staff
- ☐ one healthcare professional, a District Nurse

We also reviewed

- ☐ six people's care records
- ☐ three personnel records
- ☐ training records for all staff
- ☐ audits and quality assurance reports
- ☐ questionnaires to people who live at the service
- ☐ minutes of meetings
- ☐ policies and procedures.
- ☐ records of accidents, incidents and complaints

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as staff knew and understood their responsibilities to keep people safe and protect them from harm.
- Staff had received safeguarding training and were confident the registered managers would take any concerns seriously.
- Information about local safeguarding procedures was displayed in the service for people and relatives.

Assessing risk, safety monitoring and management

- People moved freely around the home and were enabled to take everyday risks. Staff understood people's individual risks and how to reduce these for people.
- The provider's PIR stated, "We do recognise that it is every individual's human right to take risks with their daily living activities and we manage the risk in the least restrictive way.
- Review meetings were used to check if people felt safe. Any action staff needed to take to ensure people felt safe in the home was recorded in people's care plans.
- A staff member explained how they supported one person who had a sight impairment, "If [...] is in their bedroom, we pop in every time we pass to make sure she is ok."
- Some people became upset, anxious or emotional at times. Staff understood what could trigger these things and knew how to support the person to calm down or feel better. Staff told us they shared anything that had worked well for people with the rest of staff team.
- Information about how to support people at these times was not always clearly recorded in people's records. The registered managers told us they would ensure it was added.

Staffing and recruitment

- People were supported by suitable staff. Records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe.
- People and staff told us they felt there were always enough competent staff on duty to meet their needs and keep them safe.

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People told us they always received the correct medicine at the right time.
- Medicines records were completed accurately and checks of records and the number of medicines in stock were completed regularly. Audits of medicines administration practice were also completed.

- When people received 'as required' medicines, information described what they were for but did not always describe how staff would know the person needed the medicine. When staff administered these medicines, they checked with people whether they had worked, but did not always record this information. One of the registered managers told us they would ensure records were updated to reflect this information.

Preventing and controlling infection

- People were protected from the spread of infection by staff who had received infection control training. Staff told us they had access to enough protective equipment, such as gloves and aprons.
- Checks were completed regularly on the cleanliness of the home and an infection control audit was completed to highlight any areas for improvement.

Learning lessons when things go wrong

- Staff were aware of the reporting procedures for any accidents or incidents that occurred.
- Records showed appropriate action had been taken and, where necessary, changes had been made to reduce the risk of a similar incident occurring in the future.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were sought before they moved into the service and this information was updated as their needs and preferences changed. The provider's PIR stated, "We promote the involvement of all people in their care, treatment and support. We need to assess the person's holistic needs to ensure we are able to meet them."
- Staff knew people's needs. The registered managers regularly worked alongside staff. The provider's PIR stated this helped the registered managers to, "Provide support to staff as well as enabling managers to recognise any change in service user needs and implement these changes." People told us staff knew their needs, likes and dislikes.

Staff support: induction, training, skills and experience

- New members of staff completed an induction programme which included the Care Certificate. One staff member told us, "It was really good. I did training and shadowed staff before I started working."
- People thought staff had the right skills and training to look after them. Staff felt they received enough training and could ask for any further training they felt they required.
- Records showed staff had not all completed diabetes training even though they were supporting people who had diabetes. People's records were clear about what support they needed; however, one of the registered managers immediately added information into people's care plans and booked outstanding staff on the appropriate training.
- Staff told us they could ask for advice and support at any time and that they received feedback on their work. This helped ensure they maintained their skills and experience.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to say what foods they wished to have made available to them and when and where they would like to eat and drink. Photos were used if people needed help to decide.
- Staff were aware of people's dietary needs and preferences and what was important to them to enjoy their food. For example, staff knew where people liked to have their meals and who they liked to sit with.
- Staff were careful to monitor how much people were eating and how much they enjoyed their food. For example, one person had food presented in a way that was easier for them to eat and had food available throughout the day as they didn't like large meals. The chef told us, "I make a point of meeting anyone new and their relatives." This helped ensure they could meet people's individual needs. Everyone said they had enough to eat and drink and had regular access to food and drinks.

Adapting service, design, decoration to meet people's needs

- People benefitted from living in a home that was designed to meet their needs. The PIR confirmed, "A

quieter area is provided for people that wish to spend more quiet time. If required, private areas are available for people to entertain guests. We have had private family birthdays, anniversaries and even wakes for people and their families."

- However, as the needs of the people in the home living with dementia increased, the environment may no longer be suitable throughout. The registered manager told us they were in the process of planning a refurbishment of the service and would ensure people's needs in relation to dementia were prioritised.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Staff's close relationships with people enabled them to recognise changes to people's health promptly. Family members said their loved one could see a GP if necessary and that staff responded quickly to any needs.

- A health care professional confirmed staff met people's health needs and were proactive in providing the correct support when people's needs changed. They told us staff were very experienced and would always ask for advice if they were unsure about something.

- A healthcare professional told us they had good relationships with staff and this helped ensure people's needs were met.

Ensuring consent to care and treatment in line with law and guidance

- People told us staff always asked for their consent before commencing any care tasks.

- 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.

- Staff understood the people who lacked the capacity to make certain decisions and were confident about when they would have to make a decision in someone's best interests.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. The registered manager had applied for DoLS appropriately on behalf of people, where appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported in a caring, supportive manner and appeared happy and contented.
- Staff knew people well and had developed strong, caring relationships with them. One staff member told us, "It's important to make people feel supported and happy here."
- A healthcare professional told us the relationships between staff and people were lovely and added that staff had very good relationships with families too.
- Staff understood what was important to people and made sure these things were provided for. One staff member told us, "I know about their backgrounds, it's in their care plans. It helps with conversations and makes people light up. It can help make them feel better if they are down." The registered managers told us one staff member spent their days off buying items for people that reflected their interests and likes.
- Compliments received by the service included, "I love the feel and warmth and care of Sunnymeade", "My grandad said the care was first class" and "We would like to thank everyone for their kindness and wonderful care of [...]. Your unfailing care gave us peace of mind and helped us to sleep at night."
- Staff had received training on equality and diversity and were clear that they would treat every person according to their individual needs. The PIR explained, "At present we do not have any individuals that have specific diverse needs, but if we did we would source information from the person regarding exactly what their wishes were and provide them with this."

Supporting people to express their views and be involved in making decisions about their care

- Staff used their knowledge of people and their communication needs to help ensure people's views and decisions were sought and respected.
- One staff member told us, "I usually try to make it simple so they can say yes or no, or I ask another member of staff to help. It's finding the best thing for that person."

Respecting and promoting people's privacy, dignity and independence

- The relationships between staff and people demonstrated respect. One staff member told us, "It's the way you approach people. You really have to care for people. Be polite and make people safe and happy."
- Staff supported people to have dignity and privacy. One staff member commented, "We put a sign on the door when providing personal care and make sure people are covered up. We close doors, ask when they want their door open, knock on doors and lock the door if we are supporting them in the bathroom."
- Care plans detailed how staff could help people maintain their independence. One staff member told us, "We encourage people to do things themselves, give reassurance, build up their confidence and always ask if they are able to do it themselves first. It makes them feel better about themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Information was sought from people, their relatives and other professionals before they moved into the home. This helped identify whether their needs could be met by the service and provided important information for the staff who would be supporting them.
- People's care plans clearly described their needs and preferences and were updated regularly. A new staff member explained their induction had supported them to learn about people's routines and preferences.
- People were empowered to make choices and have as much control as possible. Care plans were clear about which decisions people could and could not make and staff understood how to ensure people's opinions were encouraged and respected. One staff member told us, "If they're not sure, give them time, there's no rush."
- People could choose how they spent their time and were able to influence what social activities were provided by the home. People could join group activities if they wished and staff spent time with people who preferred to spend more time in their own room. Staff encouraged people to spend time in the communal areas of the home to help avoid the risk of isolation.
- The PIR stated that visitors such as the local clergy and children from local schools currently attended the home but that the registered managers were, "Looking into areas where we can involve service users into the community more."
- Where people had a sensory loss, the provider's PIR stated they would provide information in an appropriate format. One person had some sight loss and staff supported them to read anything that was too small for them to see. Information had not been offered in an alternative format. The person told us they were confident they had access to all the information they required but the registered managers told us they would make sure they provided all information in larger print for the person in the future.

Improving care quality in response to complaints or concerns

- People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. Staff understood how to support someone who wanted to complain. The registered managers ensured any required improvements following the outcome of a complaint were made.

End of life care and support

- People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed.
- The PIR stated, "We would not expect anyone to leave their home when they are nearing the end of their life so full support from professionals, staff, friends and families is paramount to us. We would also

endeavour to support all the individual's significant others at this time."

- A compliment received by the service included, "We wanted to express our thanks and gratitude for all the loving care you gave to [...] also for all of the help and support given to us, there are no words to express our thanks."

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- □ The registered managers took an active role within the running of the home and had good knowledge of the staff and the people who lived at Sunnymeade Quality Care.
- □ Staff told us the registered managers were good role models and supported them to provide quality care. Staff commented, "They work on the floor along with you and will help if we ask for it" and "They listen and react very quickly to what you say."
- □ The PIR stated that the management team shared the vision of, "Ensuring our service is the best it can be." Two members of the senior management team were sufficiently confident of the quality of care being provided, that they both had close relatives being cared for in the home.
- □ Staff were inspired to provide a quality service. One staff member told us, "It's called Sunnymeade Quality Care. We like to think we all follow very high standards of care." People told us they thought the registered managers did a good job and that the staff were motivated and caring.
- □ Compliments received by the service included, "Staying with you was a wonderful experience never to be forgotten" and "Sunnymeade totally lived up to our expectations and we feel we could not have found a better place."
- □ The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.

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

- □ Staff and the registered managers regularly spoke with people to ensure they were happy with the service they received. Quality assurance surveys were distributed to people, including those who were leaving the service; and residents meetings were held to help ensure people had the opportunity to feedback their views of the service and make any suggestions for improvements.
- □ People did not currently feel very involved with the way the service was run. However, the PIR stated the registered managers planned to encourage people and families to be more involved in and take greater control of residents' meetings in the future.
- □ Staff were positive about how the service was run and told us they felt empowered to have a voice and share their opinions and ideas they had. The PIR confirmed, "We encourage all our service users and staff to be totally involved in the way the service is developed, promoted and run on a daily basis."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered managers had clear ideas about what factors improved or compromised care. For example, they took time to ensure staff were treated fairly as this helped build a motivated, consistent staff team. Staff members confirmed, "They do very much value you and look out for you" and "I had been here for about eight years and left but came back quickly as I feel so valued here."
- When considering whether the service could meet the needs of someone who wanted to move into the service, the registered managers explained they considered the wellbeing of the people already living in the home. They said they would not allow the quality of care people received to be compromised.
- The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

Continuous learning and improving care

- There was an effective quality assurance system in place to drive continuous improvement within the service. Areas of concern were acted on and used to aid learning and drive improvement across the service.
- Staff confirmed the registered managers regularly shared with staff areas where improvements could be made. One staff member commented, "I know they do audits and checks and we get feedback if there are changes needed."
- The registered managers used their time working alongside staff to monitor the quality of care provided and to identify where improvements could be made. They explained they had recently redesigned the incident forms to clarify the information staff needed to record. They had also revised the format of the care plans to make them easier for staff to read. They had incorporated ideas suggested by staff into the updated versions.

Working in partnership with others

- The home worked in partnership with key organisations to support care provision. A health care professional confirmed the service worked in partnership with them, followed advice and provided good support.
- The PIR stated the registered managers were looking at ways to involve external professionals more in the home so people, families and staff could benefit from their knowledge and experience.
- Engagement with external bodies such as Skills for Care and the local authority via the Dementia quality mark, enabled the registered managers to keep their knowledge up to date and share best practice with staff.