Eldercare (Halifax) Limited

Sun Woodhouse Care Home

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

We inspected Sun Woodhouse Care Home (known to the people who live and work there as 'Sun Woodhouse') on 4 and 6 December 2017. The first day of the inspection was unannounced. This meant the home did not know we were coming.

Sun Woodhouse is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides residential care for up to 24 people. It consists of one building with two floors. People's rooms are on both floors, near shared bathroom and toilet facilities. On the ground floor there is a communal lounge and separate dining area.

On the first day of inspection there were 15 people living at the home. On the second day, one person was admitted for respite care.

Sun Woodhouse was last inspected in July 2017. This was a focused inspection, which meant we only inspected and rated the key questions of Safe, Effective and Well-led. We found breaches of the regulations relating to safe care and treatment, consent and good governance, although the service evidenced work to address these breaches was completed within four days of the inspection. Prior to this, we inspected all five key questions in May 2017, and rated the home as 'Requires Improvement' in the key questions of Safe, Effective and Well-led, and 'Good' in Caring and Responsive.

A manager was registered for the home; however, they had left the service in November 2017 and were in the process of deregistering. A registered manager is a person who has registered with CQC 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.

In September 2017 the registered provider went into administration. The administrators had employed a care company to run the home while a buyer was sought and had oversight of their management.

An area manager for the registered provider was acting manager at the home; a new manager had been recruited and was due to start two weeks after the inspection. A senior care worker had been promoted acting deputy manager, and a regional manager for the care company employed by the administrators visited weekly. There had therefore been significant changes in management at the home in the months preceding this inspection.

Records showed appropriate checks were made on the home's facilities, utilities and equipment. Risks to people had been assessed and managed. Staff could describe the different forms of abuse people may be

vulnerable to and said they would report any concerns.

Medicines were managed and administered safely.

Due to various factors, a number of staff had left the service since the last inspection. Recruitment was underway, although this had been challenging due to the registered provider's administration status. People and relatives said there were enough staff, although they were busy.

People and relatives told us the home was clean, but could benefit from redecoration. The regional manager for the care company employed by the administrators described plans to make corridor areas of the home more dementia-friendly.

Despite the challenges posed by the registered provider's administration status and loss of the registered manager, staff received the training and supervision they needed to provide 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 of the service supported this practice. This was an improvement from the last inspection.

Feedback about food and drinks served at the home was positive. Catering and care staff could describe people's specific dietary needs and preferences.

The care staff worked as a team to support people, and worked in partnership with external healthcare professionals to help meet people's wider health needs. We saw practice at the home was based upon national guidelines and standards.

People told us, and we observed, staff were kind and caring, and often went the extra mile to meet people's needs. Relatives told us they were always made to feel welcome at Sun Woodhouse.

Care staff supported people to remain independent, and were respectful of people's privacy and dignity. Records showed people and their relatives had been involved in care planning.

People's care plans were individualised and contained person-centred details about their preferences. Records showed, and we saw, people were supported in accordance with their care plans.

People had access to a range of activities at the home. We received positive feedback about a new activities coordinator; they were in the process of getting to know people and finding out their activity preferences.

No complaints had been made since the last inspection in July 2017. People and their relatives told us they would go to the acting home manager and acting deputy manager if they had any concerns.

Changes at the home due the registered provider going into administration had been communicated sensitively to people, relatives and staff. Feedback about the management team in place at the time of this inspection was positive.

The care company employed by the administrators had put measures in place to improve staff retention and we found staff morale was good.

A range of audits were in place to monitor safety and quality at the service. The acting home manager and

regional manager for the care company employed by the administrators had good oversight of the home and reported their findings to the administrators.

The home had an open and inclusive culture. People, their relatives and staff were encouraged to feed back their suggestions and ideas for improvement.

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.

We saw medicines were managed and administered safely.

Appropriate checks were carried out on the building. Other risks to people were assessed and managed.

Sufficient staff were deployed to meet people's needs, although people told us, and we saw, staff were busy.

Is the service effective?

Good

The service was effective.

Records showed, and staff told us, they received the supervision and training they needed to support people effectively.

The service was compliant with the Mental Capacity Act 2005.

People liked the food and drinks served at the home. We saw, and records showed, people received a good diet.

People had been referred to a range of healthcare professionals if they needed it. Relatives told us the service kept them updated about their family member's wellbeing.

Is the service caring?

Good

The service was caring.

People and their relatives said staff were caring. We saw examples of staff being kind and respectful.

There was a friendly atmosphere at Sun Woodhouse. Staff promoted people's independence and respected their privacy and dignity.

People and their relatives told us they had been involved in planning people's care. Records we saw supported this.

Is the service responsive?

Good

The service was responsive.

People's care plans were person-centred and individualised.

People told us they took part in activities at the home. Feedback about a new activities coordinator was positive.

No complaints had been received since the last inspection. People and their relatives told us they felt able to complain if they needed to.

Is the service well-led?

Good

The service was well-led.

The registered provider had gone into administration in September 2017 and the registered manager had left in November 2017, but despite these changes a consistent approach to quality oversight remained.

Appropriate measures were in place to manage the home until a buyer could be found and the service had continued to improve despite all the changes.

People, their relatives and staff had opportunities to provide feedback to the management team. Staff morale was good.

Sun Woodhouse Care 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 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 4 and 6 December 2017. The first day was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed a Provider Information Return (PIR) prior to this inspection. 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. We used this information to plan the inspection.

As part of the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included Healthwatch Kirklees, the local authority safeguarding team and the Clinical Commissioning Group. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. After the inspection we spoke with three healthcare professionals who visited people at the home.

During the inspection we spoke with seven people who used the service, three people's relatives or friends, two members of care staff, the acting manager, the acting deputy manager, the regional manager for the care company employed by the administrators, the activities coordinator and a cook.

As part of the inspection we looked at two people's care files in detail and selected care plans from one other person's care file. We also inspected three staff members' recruitment and supervision documents, the home's staff training records, three people's medicines administration records, accident and incident records, and various other documents related to the running of the service.

Good

Is the service safe?

Our findings

People told us they felt safe at Sun Woodhouse. One person said, "I feel safe because of the company. There are people around all the time. Everything has been wonderful", and a second person told us, "I feel safe here and I feel safe at night. They lock all the doors so people cannot run in and out as they wish." People's relatives and friends agreed. One told us, "Yes, [my relative's] very safe. Whenever I visit I ring the bell to get let in", and a second relative said, "They check [my relative] regularly." A healthcare professional who visited the home told us, "The home appears well managed at present – providing a safe environment for residents."

At the last inspection in July 2017, we identified a continuous breach of the regulation relating to safe care and treatment. This was because prompt action had not been taken when hot water had exceeded the maximum recommended level in a communal shower room and the maintenance worker was not regularly testing and recording the temperature of baths and showers in the home. In addition, an unsafe carpet in a communal area identified at an inspection in May 2017, still posed a trip-hazard in July 2017. Evidence was supplied to show action was taken to resolve all three aspects of this breach of regulation within four days of the July 2017 inspection.

At this inspection we viewed records of health and safety checks on the various facilities, utilities and equipment used in the building. All aspects were in order. This included water temperature checks, gas and electrical equipment safety, safety checks on moving and handling equipment, and fire equipment checks. Up to date personal emergency evacuation plans were in place for each person, including the person admitted for respite care.

People's care files contained risk assessments and care plans which explained how staff were to support people to mitigate any risks they had. For example, risk assessments and care plans contained person-centred information on how people were to use baths and showers safely, what support they needed from staff to move safely, and what measures were required to help protect people's skin integrity. We observed staff used safe moving and handling practice at all times; one person said, "They lift me up and put me down very gently", and a relative commented, "They're (staff) very, very careful." Records showed control measures relating to people's pressure areas and risk of choking were followed. This meant risks to people were assessed and management plans were in place which staff followed.

As part of this inspection we reviewed the management and administration of medicines at the home and observed one medicines round. The senior care worker we observed administering medicines worked for a healthcare agency, although they had worked regularly at Sun Woodhouse in the weeks prior to this inspection. We saw they followed the home's medicines policy and checked to make sure they administered medicines to the correct person.

A safe system for ordering, receiving and returning medicines was in place. Medicines were also stored safely. We saw medicines were dated upon opening and any handwritten medicine administration records (MARs) had been countersigned by a second member of staff. MARs for oral and topical medicines

evidenced people received their medicines as prescribed. Individualised care plans for the administration of medicines prescribed 'when required' were in place for people. 'When required' medicines are taken by people when they feel they need them, and commonly include pain-killers and laxatives.

We checked the stocks of six medicines, including three controlled drugs, tallied with medicines' records. All six medicines reconciled with recorded stock levels. Controlled drugs are those strictly controlled by misuse of drugs legislation and often include strong pain-killers. This meant the management and administration of medicines at Sun Woodhouse was safe and improvements noted at the last inspection had been sustained.

People told us there were sufficient staff deployed to support them, although they were very busy. Comments from people included, "Staff come straightaway", and, "If you need any help you just ask." One person told us they sometimes had to wait for support to get up in the morning if staff were helping other people. One relative told us there were insufficient staff; however, this was not per shift, but overall, as existing staff were doing overtime to reduce the home's need to use agency care workers. This relative was extremely complimentary about the work ethic of existing staff trying to cover shifts to ensure as much consistency as possible for people, stating, "They're thinking of the residents. They care so much about them!" Another relative commented, "They're (staff) not always quick at coming", and, "I think they work very hard"; but stated their relative who used the service had never complained about there not being enough staff. A third relative was concerned about staffing levels for a person whose support needs were increasing, but said, "Otherwise it's fine."

Care workers told us staffing levels were adequate, but shifts could be very busy. One care worker said, "Some days it's straightforward, some days it's busier", and a second care worker told us, "We're fine with three (care workers) most days. Most people's needs aren't high." A third care worker said, "Yes, there's enough (staff)", but described issues with a person whose support needs had recently increased. We raised this with the management team at the home; they were aware of the issues relating to a person whose needs were increasing and were investigating ways to ensure their needs, and those of other people, could be met.

A dependency tool based upon people's assessed needs was in use at the home. At the time of this inspection there were three care workers deployed during the day, including one senior care worker, and two care workers on duty at night, including one senior care worker. Since the last inspection the service had employed an activities coordinator who worked 20 hours per week, which meant care workers were not solely responsible for activities. The acting deputy manager was supernumerary to the rota, and could work as a senior care worker if required. The acting home manager told us some staff had left since the last inspection. This was due to a combination of the home going into administration, a new care home opening nearby, and some staff going into full-time education. Existing staff were working hard to cover shifts, and requests were made for regular staff from an agency to maximise consistency. We were told the service was trying to recruit new staff, but finding it a challenge due to the administration status of the registered provider. The regional manager for the care company employed by the administrators said they had proposed staffing levels should be increased to three care workers at night, and was waiting for this to be approved. They also said rates of pay for senior care workers and hours worked as overtime had been increased to improve staff recruitment and retention rates.

We made observations of staffing levels during the inspection. We saw staff were busy, but responsive to requests for support and answered call buzzers in a timely way. This supported feedback from people and relatives, in that staff were busy but people's needs were met.

We reviewed recruitment records for three care staff employed by the home. Records evidenced all the

appropriate checks had been made to ensure staff were suitable to work with vulnerable people.

Care workers we spoke with could describe how they monitored people for the signs of abuse. They could also identify the different types of abuse people might be vulnerable to and describe how they would report any concerns. Any safeguarding concerns involving people at the home had been reported to the local authority safeguarding team and Care Quality Commission as required. This showed measures were in place to safeguard people from abuse.

People and their relatives told us the home was clean. One person said, "It's exceedingly clean. It's cleaned regularly and there is no smell like other places", and a relative commented, "It's immaculately clean." We arrived early on the first day of inspection and looked in communal bath and shower rooms, in the kitchen and communal areas, and inspected equipment used to support people. At other times we looked in people's rooms, with their permission. We found the home to be clean and odour-free and observed domestic staff working during both days of this inspection.

We asked the management team how they learned lessons when things went wrong. At the last inspection in July 2017 we found the carpet had wrinkled and become a trip hazard and was replaced four days after the inspection. The acting home manager described acting quickly to replace the communal lounge carpet yet again since July 2017 when it started to lift. Records showed action had been taken in response to accidents and incidents, such as falls. We saw both the acting home manager and regional manager for the care company employed by the administrator had oversight of any incidents, to ensure no additional safety measures were needed. This meant the service learned lessons when things went wrong.

Good

Is the service effective?

Our findings

People and their relatives told us staff had the right skills and training to support them. One person said, "They do know what they're doing", and a second person commented, "Staff are well trained." One relative described seeing the acting deputy manager supporting a new member of care staff by praising them for doing well. The relative said of the acting deputy manager, "[Name] doesn't rush; [they] make sure things are done properly."

The regional manager for the care company employed by the administrators told us the service had experienced problems with their contracted training provider when the registered provider went into administration. This meant some certificates for training completed were not received and some courses had been put on hold. Records showed online training had been used in the meantime; information on courses care workers were required to complete was displayed in their office and care workers could describe courses they had completed and were due to complete. The regional manager explained they were about to renegotiate the training contract with the training provider and hoped they would start working with the home again in January 2018. The acting deputy manager had also arranged face-to-face training for staff with the local community healthcare team. This meant measures had been put in place to ensure staff access to training continued when the registered provider went into administration.

Care workers told us they received management supervision on a regular basis. Some care workers had received an annual appraisal in 2017 and others' were planned. Care workers told us the acting home manager and deputy manager were supportive and approachable. One care worker said, "They tell me what I need to look at, which helps me." The deputy manager said of supervision sessions, "It's just to help them (care workers), where they lack confidence and need support. It's not a telling off." Records showed care staff had received supervision around a variety of issues, such as infection control, fire safety procedures, and people's specialist diets. Language used in supervision and appraisal documents was supportive and positive. For example, in one care worker's appraisal document, the former registered manager had written, '[Name of care worker] always puts 100% into [their] job. Keep it up [name], you are brilliant.' The home's supervision policy was for each member of staff to receive six per year; the acting home manager told us they were slightly behind with this target due to all the management changes at the home, but would achieve this within the 12 month period. This meant staff had access to the support they needed to provide people with effective care.

At the last inspection in July 2017 we identified a continuous breach of the regulation relating to consent, as people's capacity to consent to their care and treatment had not been assessed. Mental capacity assessments and best interest decisions for all people thought to lack capacity were submitted within four days of the inspection.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards or DoLS. We checked whether the service was still working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Documentation relating to the assessment of people's mental capacity to consent to living at Sun Woodhouse and any subsequent applications for DoLS was in place. None of the DoLS authorisations we inspected contained conditions for the home to meet.

People's care plans we sampled at this inspection either contained evidence of mental capacity assessments and best interest decisions made on their behalf, or a statement around the person's ability to consent to their care and treatment. We saw people were encouraged to make their own decisions as much as possible by care staff who provided choices and did not rush people for answers; people also told us they were asked for their consent and able to make daily decisions around their care. This meant the home was now compliant with the MCA and the breach of regulation had been resolved.

People and their relatives gave us positive feedback about the food and drinks at Sun Woodhouse. One person said, "Very good dinners. Presentation could be better but the meat is absolutely wonderful – so tender", and a second person told us, "The food is all right. You always get what you ask for and eat what you want. There are plenty of snacks." One relative commented, "I think the food's marvellous", and told us they were often asked to stay for a meal with their family member who used the service.

The cook we spoke with was knowledgeable about people's individual dietary needs, including those who needed foods modified for safer swallowing, or fortified to increase their body weight. They explained how they had prepared different foods for a person whose appetite had been poor, to try and tempt them to eat. The cook also showed us recipe books given to them by a person using the service; they had used one of the recipes on the first day of this inspection and sought feedback from the person about their efforts. Food and menu choices were discussed at residents' meetings, so people could suggest ideas for new dishes. Records showed all the necessary safety checks had been completed on foods and food storage equipment. The home had been awarded five stars in their latest food hygiene inspection in August 2017, which was the highest possible rating.

One member of the inspection team had a meal with people using the service and found the food to be hot and plentiful, and the meat tender. They also described the mealtime atmosphere as relaxed because staff were attentive and did not rush people. People had a choice of two options at each meal, or could choose something else if they wanted to. We noted a trolley went round mid-morning and mid-afternoon with drinks and snacks; crisps, chocolate and juice were also available all day in the lounge for people to help themselves. Food and fluid records supported our observations that people ate and drank well at Sun Woodhouse.

Care staff used a range methods to communicate information relating to people's needs so they could work together to support people. Shifts started with a handover meeting between the senior care worker finishing their shift and the care workers coming on duty, where each person was discussed. Information about each person was also summarised on a handover sheet. A handover book was used by senior care workers to communicate tasks that needed to be completed, such as chasing medicines with the local pharmacy, or people's healthcare appointments for that day. One senior care worker showed us how they used the book

to identify what needed to be done, and then created a list of jobs for that day. We also noted care workers were allocated specific tasks each shift, such as completion of food and fluids charts, or supporting people to bathe and shower. Our observations showed care workers, including the regular agency workers, worked well as a team to meet people's needs.

Care workers at the home also worked well with external healthcare professionals to support people's access to holistic healthcare. Comments from healthcare professionals we spoke with included, "All referrals have been timely and appropriate – often searching for support and advice", and, "They ring us at the first sign of anything." Records showed people had seen a range of healthcare professionals, including GPs, community nurses, dieticians, chiropodists and speech and language therapists. People told us staff made referrals for them or sought medical advice when they needed it. Relatives said the same and told us they were kept up to date by staff about their family members' wellbeing. One relative told us, "They always ring and tell me if they need the doctor out." A visiting healthcare professional commented, "The acting manager at present acts as a good advocate for residents, will challenge clinicians, for example GPs, if [they] feel the residents' needs are not met. (The acting manager) seeks clear guidance and plans of care for residents from clinicians." This meant people had access to healthcare services in order to meet their wider health needs.

We saw examples whereby people's care and support was delivered in line with legislation and evidence-based guidance. The home's medicines policy referred to national guidance, including guidelines from the National Institute for Health and Care Excellence (NICE). Shortly before the inspection senior care workers had used the British National Formulary (BNF) to check whether a person's medicines would interact with alcohol, as they had asked for alcoholic drinks over the Christmas period. We also saw the service had used Health and Safety Executive (HSE) guidance to review safety checks and records at the home, after our feedback at the last inspection. This evidenced the service used national guidelines to inform care and support practice at the home.

Some aspects of the home had been modified to better suit the needs of people living with dementia, for example, signage was in place to help people navigate and newly fitted carpets had a plain design. The service had a homely atmosphere, with pictures, ornaments and photographs of people who used the service displayed. Relatives told us the décor could be improved. One relative said, "It's tired, to put it bluntly. It needs modernising or freshening up. It's not a problem, it's just a big old house", and a second said, "It could be better but it all comes down to money. People's wellbeing is more important." The regional manager for the care company employed by the administrators told us they were planning to make corridor areas more dementia-friendly by adding murals, making people's bedroom doors appear as front doors, and using street name signage. They hoped such changes would create more stimulation for people who liked to walk along corridors during the day. This showed the management team had identified areas for improvement in line with good practice in dementia care.

Good

Is the service caring?

Our findings

People and their relatives told us the staff at Sun Woodhouse were kind and caring. One person said, "Wonderful staff – very friendly", a second said, "Staff are very pleasant and helpful", and a third person commented, "I love them all and they all love me." Comments from relatives included, "They always put the patients first", and, "They're overly caring – you'd think it was their own families."

People's relatives told us they were always made to feel welcome by staff when they visited the home. One relative said, "Whenever we go they always ask us if we want a cup of tea and a biscuit. It's very welcoming", and a second commented, "They always make me a cup of coffee when I come."

Staff could describe people's likes, dislikes and preferences in detail. They could also tell us about people's personal histories and personalities. We saw staff responded quickly to people's requests for support and anticipated people's needs well. For example, one person asked for a second hot drink shortly after the drinks trolley has finished its rounds; a member of staff brought a second cup straightaway. Another person told a care worker they felt a bit chilly; the care worker immediately fetched a blanket and tucked them in.

Relatives gave us examples of staff going the extra mile to support people. One person had a poor appetite; their relative told us a member of night staff went to see them each night to ask what they would like for tea the following day and then left a note in the kitchen for the cook. The relative said, "I think it's really nice. Another personal touch." We were told a member of staff who was not on duty had volunteered to escort a person to a hospital appointment when other members of staff could not; the relative said, "I thought that was just amazing." We were also told a member of staff had brought clothing from abroad for a person using the service because the person had previously complimented them on their personal style. We saw care workers also supported this person to style their hair and apply jewellery when they asked.

People and their relatives told us staff supported people to remain independent. One person said, "They (staff) give you confidence, show you how to do things for yourself and don't get irritated with you", a second person said, "They (staff) sit with on the bed and do my exercises with me to keep me walking. They make sure I can walk in the bedroom", and a third person told us, "They don't do everything; they let you have a bash at doing it." People's care plans described what they could do themselves and what support they needed from staff. We checked staff knowledge of the care plans we sampled and found they could explain each person's level of independence correctly.

People appeared well-groomed and tidy, and were dressed in clean clothing which was appropriate for the time of year. We saw staff intervened quickly to preserve people's dignity by supporting them to wipe food from around their mouths and from clothing. Staff made arrangements for people to have their hair cut or styled on their request, and we saw people's preferred hairstyles, clothing and personal presentation was described in their care plans. People told us they could request a bath or shower whenever they wanted one. Care staff described how they promoted people's privacy and dignity, by knocking on doors and closing curtains when supporting people with personal care. Throughout the inspection we observed staff knocked on doors; this included a domestic worker, who we saw knocked and waited for a response before entering

a person's room with a cheery greeting and enquiry about the person's wellbeing. This meant staff were respectful of people's privacy and dignity.

Information about advocacy services was displayed at the home. The deputy manager told us none of the people using the service at the time of this inspection had an advocate as they all had family or friends who advocated for them. The deputy manager was able to provide information about a local advocacy agency and give appropriate examples of when a referral might be made. This meant people had access to independent support with decision-making, if they needed it.

People's care files evidenced their involvement in planning their care and support and many care plans were signed. For people who lacked capacity to do this, it was clear their relatives had been involved in this process and any best interest decisions were clearly documented. One relative told us, "They have updated the care plans recently and I have been through it. We read them to [my relative] and I explained it. [My relative] was happy. Everyone was involved." A second relative told us, "I have been involved in [my relative's] care plan." This showed people and their relatives had been involved in planning their care.

Neither the acting home manager nor regional manager for the care company employed by the administrators were aware of the Accessible Information Standard. The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support that they need when receiving healthcare services. However, we found people's care plans described their sight and hearing problems, and any support or equipment needed to meet their needs. In addition, the care plans of people with problems communicating due to dementia, hearing loss or having English as a second language contained detail on how staff could most effectively communicate with them. Residents were invited to regular meetings with the home's management team where information about the service was shared with people verbally and feedback sought. The acting home manager and regional manager downloaded the Accessible Information Standard on the first day of this inspection and told us they would review the guidance and ensure any additional measures were put in place. We will check this at the next inspection.

The service had an open and inclusive culture in terms of people's equality and diversity. The regional manager for the care company employed by the administrator told us, "As long as we can ensure residents' safety and meet their needs, we have non-restrictive policies and procedures." The training matrix showed a course entitled Dignity, Choice and Diversity was considered mandatory for all staff. We saw the care plans for a person with specific cultural and religious needs was detailed and person-centred; it also included a healthcare handbook which summarised how the healthcare needs and choices of a person who followed the person's religion may be influenced by their beliefs. We saw people had equal access to activities, regardless of their mental capacity or mobility. In addition, couples admitted to the home were provided with the option of sharing a room and/or a bed. The acting deputy manager told us, "We treat people as individuals but also as equals. That applies to residents and to staff. We've always promoted equality and diversity." This meant the service respected people's equality and diversity and actively promoted people's rights.

Good

Is the service responsive?

Our findings

People told us staff at the home were responsive. One person said, "You get what you ask for and they don't expect you to do things you shouldn't do."

We found people's care plans were up to date and contained information which was detailed and person-centred. Plans covered aspects such as people's health and wellbeing, communication, continence, skin integrity and mobility. Short term care plans were used when people had infections, or other acute needs. Records showed care plans were evaluated monthly and had been updated when changes had occurred. Daily records kept by care workers, for example, written notes, repositioning charts and dietary records, evidenced people received care in accordance with their care plans. Our observations throughout this inspection supported this.

We asked healthcare professionals who visited people using the service if staff at Sun Woodhouse followed their advice and responses were positive. Comments included, "Staff do appear to follow advice given on care plans produced by [the healthcare professional's team]", and, "As far as I can say they do." One healthcare professional said of the home's care plans they had reviewed, "(Care plans are) clear from what I can gather – certainly enough information for what staff need."

People's care plans contained person-centred detail around their preferences. For example, one person's plan contained a photograph of how they liked their hair styled, and a second person's care plan contained photographs of their favourite clothing items. Other care plans used photographs to guide staff, for example, a mattress pump showing the correct setting or a specialised chair a person used. We checked the care plan of a person who was admitted to the home as a permanent resident since the last inspection and found the level of detail in their care plans was as good as those of other people's; this showed improvements noted at the last inspection had been sustained.

A range of activities were available at the home and people told us they took part in them when they wanted to. One person said, "I do activities, you get to know people better. We do quite a lot of exercise." Relatives told us about the activities and social interaction on offer at the home. One relative said, "They've done [my relative's] hair and offered to paint [their] nails to give [my relative] some social contact", and a second relative commented, "[My relative] tries to play bingo and do exercises."

A new activities coordinator had started at the home three weeks before this inspection; feedback about them from people, relatives and other staff was positive. One relative said, "The activities coordinator had a good long chat to [my relative] the other day. [My relative] said [the activities coordinator] was very nice." The deputy manager told us, "[The activity coordinator's] amazing – a dream come true. [They've] already done loads for them (the people)." We also found the activities coordinator to be passionate and knowledgeable about their role.

During the inspection we observed the activities coordinator providing one-to-one activities with people, such as board games and dominoes. They told us they were in the process of getting to know people as

individuals and finding out what they liked to do. So far they had arranged sessions on making Christmas stockings and decorations, and had enquired with a local school about their coming in to sing carols. This was based upon ideas from people they had spoken with. The activities coordinator had also contacted a barber to arrange a home visit so the men could receive a proper cut-throat shave. They told us, "I think that would be a treat", and one male resident had already asked to be included. A pantomime was held during the inspection; we saw photographs afterwards which showed people smiling and enjoying themselves. Feedback from people and relatives, and our observations, showed people had access to a range of meaningful activities and had been asked for their activity ideas.

Records showed people approaching the end of their life and their family had been visited by the local Care Home Support Team to discuss their wishes. Information in the plan provided by this team was added to people's care plans. We found some people had future wishes care plans but not all. Some people had been asked about their future wishes but had not wished to discuss this aspect of their care. The deputy manager was in the process of arranging training around advanced care planning and end of life care for staff with the local community healthcare services provider. The plan was for the activities coordinator, who would also receive this training, to then speak with people on a one-to-one basis and find out their end of life wishes and preferences. We saw the documentation to be used to record these conversations included questions around people's appearance, surroundings and comfort. The deputy manager said of end of life care planning at the home, "We want it to be more person-centred." We will check this at the next inspection.

One person was receiving end of life care at the time of this inspection. We saw care staff worked together, and with visiting healthcare professionals, to meet the person's needs. Contact had been made with the person's family members and they had been offered accommodation at the home, should they need it. Care staff we spoke with could describe what was important in terms of providing support to people as they neared the end of their life, such as being pain-free and comfortable, and mouth care. This meant staff were knowledgeable about the needs of people approaching their end of life and people's relatives were also supported.

People and their relatives told us the acting manager and acting deputy manager were approachable and they felt able to go to them with any complaints or concerns. They also told us any problems were dealt with quickly. One relative told us, "I haven't needed to complain. I would go to see [the acting deputy manager] first", a second relative said, "If I've had a problem I've gone straight down (to the office) and they've dealt with it." We saw the complaints policy was displayed where people and their relatives could view it.

There had been no formal complaints made since the last inspection. A log of compliments was kept which were then shared at staff meetings. Comments we saw included, '[My relative] has made no complaints and said how happy [they] are at Sun Woodhouse', and, 'I am always so incredibly moved by all the tender loving care that the staff give to the residents.'

Good

Is the service well-led?

Our findings

People and their relatives told us Sun Woodhouse was well-managed. One person said, "Everyone seems to work and know what they are doing. Don't think there are many homes that work as good as this one", and a relative said, "I think they do their best."

The home was last inspected in July 2017. In September 2017 the registered provider went into administration and a different care company had been employed by the administrators to oversee the home until it could be sold. In November 2017, the registered manager had left their position. At the time of this inspection the acting manager for the home was a previous area manager for the registered provider and was well acquainted with Sun Woodhouse and the people living there. They were spending at least two days a week at the home. The acting deputy manager was a senior care worker who we were told was well liked and respected by people, their relatives and staff. They were spending 40 hours a week at the home on a supernumerary basis. A regional manager for the care company employed by the administrators was overseeing management of the home and visited weekly. They kept the administrators informed about progress and any issues arising at the home. The regional manager told us a new home manager had been recruited, and was starting at the home two weeks after this inspection. This meant there had been significant management change at the home in the months prior to this inspection and uncertainty about the future remained. However at the time of this inspection we found improvements in care were sustained and the management of the home had continued to demonstrate progress from earlier inspections.

We found the situation at the home had been communicated sensitively to people and their relatives, in order to provide clarity and reassurance. Relatives told us they had received letters and had meetings with the regional manager. One relative said they felt the home had improved since the registered provider had gone into administration. They told us, "The atmosphere's got a lot better. I panicked at first about [my relative] and the staff losing their jobs. But since the administrators have come in they've reassured them. It's given them some peace of mind."

As discussed earlier in this report, some staff had left since the last inspection and recruitment had been challenging due to the home being for sale. Records showed, and staff told us, developments at the home had been clearly communicated to the staff. Despite all the changes, we found staff morale was good. One care worker said, "I know who's in charge. We've had letters about the administration", they continued, "I'm pleased with what [the care company employed by the administrators] have put in place. I feel like they're not just about the business – it's a home. They want residents and staff to be happy." Healthcare professionals we spoke with were aware of the changes at the home but reported no impact on their working relationship. One healthcare professional commented, "They're just getting on with it and referrals are still coming through."

Changes had been made by the care company employed by the administrators to improve staff retention and boost recruitment, and thereby ensure sustainability of the business. The company's regional manager explained, "The staff are the business. They need to be empowered and rewarded." Care staff we spoke with told us they were committed to the home and the people there. One care worker said, "I like putting a smile

on people's faces and getting that bond. I make a difference", and a second care worker told us, "At the minute I'm positive. The staff that are here are going to make it work and keep it (the home) going", they also told us, "I feel more valued than I did." This meant staff at Sun Woodhouse felt motivated and valued by the management team.

Staff told us the acting home manager and acting deputy manager were approachable and supportive. One care worker said, "If I'm not happy with something I'll go in there (the office) and tell them. They (the management team) know that." We also received positive feedback from staff about the regional manager for the care company employed by the administrators. Meetings for residents and relatives, and staff meetings, were held regularly. Minutes showed information and updates about the home were provided, and feedback sought from attendees. One relative told us, "They (the meetings) do give you the opportunity to voice your opinions. They (the management) say the more you feed back, the better we can make the service." At the time of this inspection, the annual survey was being prepared ready for posting. This meant the service had an open and inclusive culture which sought feedback from people, relatives and staff on the running of the home.

A range of audits and checks were in place to monitor safety and quality at the home. These included medicines, accidents and incidents, bed rail safety, pressure ulcers, mattresses, people's weight and care plans. Records showed action had been taken when issues had been identified. The acting deputy manager completed most audits at the home, with outcomes overseen by both the acting manager and the regional manager for the care company employed by the administrator. The regional manager also completed an audit and monthly report, which included reviewing the deputy manager's audits, plus observations of care and analysis of other records and documentation. This then fed into an action plan for the service which was discussed at a monthly conference call with the administrators. This meant an effective governance system was in place to monitor safety and quality at the home.

As discussed earlier in this report, the home worked in partnership with external healthcare professionals from other organisations and agencies to meet people's wider healthcare needs. Healthcare professionals we received feedback from had no concerns about communications with the home; one told us, "Communications I have experienced with the home have been good, timely and appropriate."

Under the regulations registered providers are required to report specific incidents to CQC; notifiable incidents include police call-outs, suspected or actual abuse, and serious injuries. We found all notifications had been made as required. Under the regulations, registered providers also have a legal duty to display the ratings of CQC inspections prominently in their care home and on their website, if they have one. At this inspection we saw the ratings from the last inspection were displayed in the home's foyer and on the provider's website in accordance with regulation.