

Hartwood Care (2) Limited

# Sunnybank House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

Sunnybank House is a care home providing personal and nursing care to up to 60 people. There were 38 people using the service when we inspected. The accommodation is arranged over three floors. The Rose Unit is on the ground floor and provides residential care for people with less complex needs. Dahlia Unit is on the first floor and is a registered nurse led unit supporting people with a range of more complex clinical needs. Nemesia Unit is on the top floor. This unit had only recently reopened after being redeveloped as a specialist unit for people living with dementia.

### People's experience of using this service and what we found

People were safe and we observed care being provided in a caring and unhurried manner. However, we also received feedback which indicated that there were times when staff were not able to be fully responsive to people's needs. Medicines were not always administered as planned due to not being available or out of stock or because staff had not always been sufficiently proactive about overcoming other barriers to administration. Risks to people's care had been assessed and planned for. A range of health and safety checks were taking place to ensure that the building and the equipment within it were safe to use and had been serviced and maintained regularly. As part of CQC's response to the coronavirus pandemic we conducted a review of infection prevention and control (IPC) measures in the home and were assured by the systems in place. There were systems and processes in place to safeguard people from the risk of abuse and to learn from safety related events. We did identify one potential safety related concern in relation to how food for people who required a modified diet was being prepared.

We have made a recommendation about how the International Dysphagia Diet Standardisation Initiative (IDDSI) is used within the service.

Staff completed a suitable induction and undertook a wide range of training, relevant to their role. Assessments were completed to establish people's needs and to ensure these could be fully met. People's nutritional needs were met. Staff worked with other agencies to ensure people had access to healthcare services. The design and layout of the building was suitable and had been developed with the needs of people living with dementia in mind. Staff were well informed about the principles of the Mental Capacity Act 2005.

We have made a recommendation that the service develop specific DoLS care plans which show how the liberty of people, with a DoLS authorisation, is being promoted.

People told us that staff were kind and caring and treated them with respect. People were supported to maintain their independence and autonomy where able. Staff sought people's consent before delivering care and care plans included information about people's preferences and wishes and the relationships that were important to them.

People had access to a range of events and activities which helped to boost their well-being and keep them engaged and entertained. The number of agency staff used had reduced which helped to ensure that people received care from staff that knew them and their needs well. People's communication needs continued to be identified and planned for. Complaints had been responded to appropriately. Staff worked with local health care professionals to provide responsive and compassionate end of life care.

People benefited from a well led service and the registered manager and provider had shaped a culture where staff strived to provide person centred care. The registered manager maintained a visible presence within the home and actively supported staff and interacted with people on a daily basis. Staff were clear about their role and responsibilities and spoke positively about the registered managers leadership and their impact on the service since their appointment. There were effective quality assurance systems in place that lead to improvements that had positive outcomes for people. People were encouraged to give feedback about the care they received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was 'Requires Improvement' (published October 2019).

#### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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** ●

# Sunnybank House

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by three inspectors 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.

#### Service and service type

This service is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification tells us about important issues and events which have happened at the service. We sought feedback from health and social care professionals. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

#### During the inspection

Some people were not able to fully share with us their experiences of using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We spoke with eight people who used the service and eight relatives. We also spoke with the registered manager, deputy manager, operations manager, a care quality manager and ten staff across all roles.

We reviewed four people's care records, reports relating to the management of people's medicines, four staff files and a variety of other records relating to the management of the service.

#### After the inspection

Four health and social care professionals provided feedback about the service. We also continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

- People were safe, but we were not assured that there were always enough staff available to be responsive to people's needs.
- Whilst we observed that care appeared to be delivered in an unhurried and caring manner the majority of the staff we spoke with raised concerns with us about the staffing levels. Their comments included "We are short of staff. Sometimes we can't provide proper care. There is a risk we won't treat people individually; we are task focused" and "I love working here, I love my job, but it's bringing the morale down".
- Feedback from people and their relatives was mixed. Some people felt their needs were met promptly and a relative told us, "They [Staff] are pretty responsive, I've stood on the pressure mat a couple of times and they've come in very quickly". However, one person said, "Sometimes, it [waiting for call bell to be answered] takes forever" and another said, "They say five minutes, but 30 minutes later you are still waiting". Both these people did, however, express a positivity about the home overall and about the care and support they received.
- Two people told us there were not always staff available to support them to use the toilet when they needed it and that this had at times impacted on their dignity. We saw that this concern had also been raised in recent resident meetings and by a relative we spoke with.
- We discussed this feedback with the provider and registered manager. There had been a recent reduction in staffing numbers due to reduced occupancy and the Nemesia Unit had recently reopened meaning that staff were back to covering three floors. The registered manager was confident that the current staffing levels were safe and sufficient to meet people's needs and were in fact above that indicated by the providers dependency tool which used live information about people's level of need to inform staffing requirements.
- The registered manager monitored call bell response times which were overall good and reviewed the prevalence of incidents and accidents to ensure there was no tangible increase in accidents or incidents which would indicate staffing challenges.
- The use of agency staff had also significantly reduced meaning that people's care was being provided by a consistent team who knew their needs.
- The registered manager said that both she and the deputy manager were available to provide extra support at busy times such as the lunch time service and that this did ensure that staff were able to have breaks. However, in light of our feedback they plan to undertake a range of further actions. For example, they plan to review the way in which catering hours are used to provide support to the care team at mealtimes. They were confident that these measures would ensure that people's needs were moving forward met in a flexible and responsive manner.
- Staff continued to be recruited safely and appropriate checks had been completed.

Using medicines safely

- The service operated an electronic medicine administration (eMAR) recording system. Following each administration, staff were able to confirm the medicine had been given or enter a code to explain why it had not been possible to administer the medicine.
- We reviewed the eMAR system for the four weeks leading up to 18th June 2021, there were a total of 182 medicines recorded as 'not given'. In the majority of cases, these related to creams and lotions which had in fact been administered but by the care staff and not by the member of staff performing the medicines round. However, in 13% of these cases the medicines were not administered as they were not available or out of stock. In some cases, this was for a period of two or three consecutive days. We found similar concerns in the previous 4 weeks, noting in one case, for example, that a nutritional supplement was out of stock for six days.
- In some of the examples where medicines had not been administered, we were not assured that staff had been sufficiently proactive about seeking additional review by the prescriber or being resourceful in overcoming other barriers to administration. Similar concerns were expressed to us by two relatives.
- There was evidence that the registered manager and provider had already identified these concerns. They had recently met with the supplying pharmacy and held a clinical governance meeting with the medicines trained staff to reflect upon how the systems in place might be improved. In addition, plans had been put in place for daily auditing of any medicines not administered by the deputy manager.
- Medicines, including controlled medicines, were securely stored.
- Staff received training in medicines administration and had their competency assessed on a regular basis.
- Where medicine administration errors had occurred, an investigation has taken place and remedial measures including reflective supervisions completed to support ongoing learning.
- Pain assessment tools were available for staff to use but needed to be more accessible to the staff member administering medicines to ensure these were used effectively. The registered manager is following this up with the eMAR provider. Pain assessment tools are used to help staff identify untreated or unmanaged pain in people who were not able to express this.
- The use of covert medicines was taking place in line with legal frameworks.

Overall, the relatives we spoke with were satisfied that their family members were supported to take their medicines as prescribed. One relative said, "[Person] got Parkinson's so he needs his medication at exact times... when I have visited, they have been spot on".

#### Assessing risk, safety monitoring and management;

- We identified one potential safety related concern which had not been identified by the service. One of the puddings being offered to people who required a pureed diet included a food item that we were concerned could present an increased risk to people with a compromised swallow. We had identified a similar concern at our last inspection. We explored our concerns with the local NHS speech and language therapy service who confirmed that the food being offered was not recommended by the International Dysphagia Diet Standardisation Initiative (IDDSI).

We recommend that the menu provided to people who require a modified diet is fully reviewed to ensure that it is in keeping with the IDDSI framework.

- People and their relatives told us the service provided safe care. One relative said, "I do think she feels safe there... it's the fact she's got the alarms and round her neck ... she's got a mat by her bed in case she falls... she knows the reason for it... I'd say she feels safe". Another relative said, "Any risks with his condition seem to be managed, falling is monitored".
- The systems in place to monitor and respond to weight loss were robust and there was evidence that the registered manager had oversight of this as part of their clinical and quality governance processes.
- Fluid charts showed that people at risk of dehydration were being offered regular drinks and meals were



fortified to prevent weight loss. Staff used a RAG rating (red, amber, green) system to assess each person's risk of poor nutrition. This considered a range of factors that could contribute to poor nutrition.

- Our last inspection had noted concerns about the safe storage of thickening agents. This had been addressed and all thickening agents were found to be stored in locked cupboards for safety.
- People's risk of developing skin damage had been assessed and planned for and records showed that support was being delivered in line with the care plan.
- A range of health and safety checks were taking place to ensure that the building and the equipment within it were safe to use and had been serviced and maintained regularly. We did note that a hot plate used for keeping meals warm had been left unattended whilst still hot. We brought this to the attention of the registered manager who has reminded staff of the importance of not leaving this area until the hot plate has cooled.
- There continued to be a business continuity plan in place which set out the arrangements for dealing with foreseeable emergencies that could affect the running of the home.

### Preventing and controlling infection

- As part of CQC's response to the coronavirus pandemic we conducted a review of infection prevention and control (IPC) measures in the home.
  - People and their relatives felt that the response to the COVID-19 pandemic had been managed particularly well and they were reassured about this.
  - We were assured that the provider was admitting people safely to the service
  - We were assured that the provider was preventing visitors from catching and spreading infections.
  - The home had a COVID-19 testing champion. All visitors were assessed by the champion to ensure they understood how to complete a lateral flow test competently.
  - Staff had received relevant training and completed workbooks approved by the National Institute for Health and Care Excellence (NICE) on COVID-19.
  - We were assured that the provider was using PPE effectively and safely.
  - The home had ordered clear face masks to help improve staff's ability to communicate with people living with dementia.
  - We were assured that the provider was accessing testing for people and staff.
  - We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Essential care givers had been identified to support people for whom the separation from their family members had had a particular impact on their physical and mental health. These visitors could visit for up to three hours a day.
  - We were assured that the provider was meeting shielding and social distancing rules and were promoting safety through the layout and hygiene practices of the premises.
  - We were assured that the provider was making sure infection outbreaks were effectively prevented or managed. The building was clean and there were enhanced cleaning practices with high touch areas such as door handles and surfaces cleaned several times a day by a dedicated domestic team.
  - We were assured that the provider's infection prevention and control policy was up to date.
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- Systems and processes to safeguard people from the risk of abuse
  - Relatives were confident that their family members were safe from abuse.
  - The provider had appropriate policies and procedures which ensured staff had clear guidance about what they must do if they suspected abuse was taking place.
  - The provider had made an external whistleblowing line available to staff to encourage the reporting of concerns and the staff we spoke with had a positive attitude to not tolerating poor care.
  - The registered manager visited people regularly to check they were happy and felt safe and he

encouraged them to raise any concerns they might have.

- Staff were confident that any concerns raised would be acted upon by the registered manager to ensure people's safety. For example, one staff member said, "She is very supportive. If you go to her nothing is too much trouble. She is very methodical, finding facts".

Learning lessons when things go wrong

- There were robust systems in place to learn from safety related events.
- Daily meetings were held where all the heads of department came together to reflect on current issues such as any new incidents or accidents that might have occurred.
- The registered manager and provider reviewed all incidents and accidents to ensure that mitigating actions were being taken and that any themes or recurring risks were identified allowing further remedial actions to be taken.
- Staff spoke about the importance of also reporting near misses with one saying, "We are actually encouraged to report a near miss. It is an opportunity to get something fixed, so it doesn't cause a problem".
- Clinical governance meetings and staff meetings were used to share lessons learnt from incidents and accidents.
- Root cause analyses had taken place for more significant incidents. These had been completed in a transparent manner and had resulted in a number of remedial actions such as additional training being implemented to develop staff skills and knowledge.

# 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.

At the last inspection this key question was rated as 'requires improvement'. At this inspection this key question has now improved to 'good'. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff completed a suitable induction which included learning about the provider's vision and values. New staff were assigned a mentor to support their learning and had a two-week period where they were supernumerary allowing them to observe the delivery of care and get to know people using the service.
- Staff undertook a wide range of training, relevant to their role. Training was developed around the needs of people using the service, for example, staff completed training in areas such as Parkinson's disease, caring for people who had had strokes or diabetes, identifying urine infections and managing falls. One relative told us, "Parkinson's is a difficult condition to manage but they do it very well".
- Relatives felt that most of the staff understood how to support people living with dementia and demonstrated a person-centred approach which ensured that their family member was treated with dignity and respect, whilst also receiving effective care. For example, one relative said, "They [Staff] are very caring, genuinely so, they are always patient with her, she resists doing anything, but they always try to encourage her".
- Whilst some staff felt they would benefit from further training in responding to distressed behaviours, others spoke confidently about how they supported people living with dementia. For example, one staff member said, "We talk to them and try and see what is wrong... It's about knowing the person, knowing the triggers. We use distraction, try and change the scenario. We diffuse it... You find different behavioural traits with different kinds of dementias. Memory loss, being forgetful. They could be aggressive, non-compliant, in isolation, shutting themselves away. They get scared very easily, their ability to understand their surroundings. What we might see might not be what they see".
- To ensure training continued to develop the skills of all staff, the provider was delivering annual training in caring for people living with dementia which provided an in-depth knowledge of the different stages and types of dementia, coupled with insight into the experience of living with the condition and the complex nature of communication.
- The registered nurses had completed a range of clinical skills training in catheterisation, wound care and venepuncture.
- Staff received regular supervision. This process is important to help develop and motivate staff, review their practice and ensure they understand their responsibilities.

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

- Assessments were completed to establish people's needs and to ensure these could be fully met. These were used to develop a range of care plans including, personal care, continence care, nutrition, skin care, sleeping, activities and communication. These plans were regularly reviewed to ensure they remained

relevant.

- The care plans were stored electronically, and staff used handheld devices to write, read and update information about people's needs.
- Where people had specific health care needs, care plans were in place which provided an assessment of the support the person needed to manage the condition. We did observe that some of these could more clearly incorporate best practice guidance and nationally recognised standards. This was discussed with the registered manager who has assured us that improvements would be implemented.
- Short-term care plans were used to guide staff on managing health issues such as wounds or infections.
- Restore 2 was being used. This is a tool that helps to identify the softer signs that might indicate that a person's health was deteriorating, allowing prompt clinical review.

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

- Care plans contained information on people's dietary needs and preferences and their nutritional health was monitored to ensure they maintained a balanced diet. Healthy snacks, such as fresh fruit, were available.
- We observed the lunch time meal on both days of the inspection. Staff supported people to eat and drink in a person-centred manner, they engaged people in conversation, offered choices and checked that they were ready before offering more food.
- The food looked appetising and the meals for people who needed a modified diet were presented in an attractive manner with each item pureed separately to help ensure people were able to taste the individual flavours. Beer, sherry or wine was available for people to choose if they wished.
- A varied alternative menu was available for people to choose from, should they not like the main menu options. We observed one person ask for a sandwich which was provided.
- People generally spoke positively about the food, although, we saw that there had been some recent feedback from people making a number of suggestions about how the cooking and choice of food provided could be improved. A new chef was in post and was taking a proactive approach to assessing the quality of the dining experience so that improvements could be made where necessary.
- Nutrition meetings were held during which the registered manager, senior team and chef reviewed issues such as managing people's weight changes. One relative told us how staff were carefully monitoring their family members weight loss and "Taking all the action that was needed". Another person had, during the pandemic, begun to lose interest in food and drink and so arrangements had been made for a family member to spend time with them each day to support them at mealtimes as an essential caregiver.

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

- All rooms were spacious and had ensuite facilities. They were furnished with people's personal items to help create a homely feel.
- Bathing and shower facilities were available on all floors.
- The garden was assessable and secure and was well maintained and created a pleasant space for people to spend time.
- The provider had arranged for an expert to visit and advise on environmental changes that would benefit people living with dementia. The changes were based on best practice principles
- People had actively been involved in decisions about the décor of this unit which reflected their interests and the local area. There were increased opportunities for people to interact with their environment. There were themed areas decorated with hats, scarves and handbags for people to engage with along with panel fitted with a range of locks and bolts for stimulation.

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

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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Throughout the inspection we saw evidence that staff involved people in decisions about their care and support.
- Staff were well informed about the principles of the Mental Capacity Act 2005.
- Mental capacity assessments had been undertaken to ascertain whether people could consent to aspects of their care such as having alarm mats in place.
- When a person was assessed as lacking mental capacity, staff consulted with relevant people to reach decisions about what support might be in the person's best interests.
- There was a clear tracking system in place to monitor the dates DoLS had been authorised or needed to be reapplied for.

In line with guidance from Social Care Institute for Excellence, we recommend that the service develop specific DoLS care plans which show how the liberty of people, with a DoLS authorisation, is being promoted.

- We observed that some people, who lacked capacity to consent to this, had a table placed in front of them when sitting in the communal lounges and also had their walking aids removed to the other side of the room. The registered manager assured us that all of the people concerned were unable to, and did not attempt to, mobilise without support. The approach instead allowed staff to ensure the people had easy access to fluids and could be supported regularly throughout the day to drink little and often. We have asked that the registered manager keep this practice under careful review to ensure that it is only used when appropriate and not in response to staffing pressures or to restrict a person's movements.

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

- People told us they received effective care and whilst relatives had not been able to spend any significant time in the home over the last 12 months, most were confident that their family members care was delivered in an effective manner. For example, one relative told us, "The staff that directly look after her are very good, they do whatever is necessary and are proactive... if she is not well, I always hear from them".
- During the inspection, staff had used their own knowledge of a person, along with clinical observations to identify that their condition was deteriorating which allowed an emergency ambulance to be called promptly.
- Staff continued to involve relevant healthcare professionals where necessary. The service had a weekly GP round and consultation and visits were held with tissue viability nurses, speech and language therapists, podiatrists, Parkinson's nurses and the community mental health team.
- One health care professional told us, "If any carers have any concerns, they have contacted me, recently there was a query about a resident, I had a discussion with the senior carer and we came up with a

treatment plan... they will contact the correct medical team if further investigations is needed i.e. blood test or further referrals".

- A number of relatives raised a concern about lack of access to dentists. Access to dental care had been affected by the pandemic, however this has started to improve.

# 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.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us that staff were kind and caring and treated them with respect. One person said, "They [Staff] are very friendly, I'm very lucky". This view was also shared by the relatives we spoke with. Comments included, "Staff are exceptional to him, if he is unhappy, they have a way of cheering him up and making him smile again" and "They are very pleasant and very compassionate".
- The service had received a number of compliments on the helpful and caring approach of the staff team. One of these read, 'The three years she had been with you had made her very happy and she was obviously well loved. I felt you kept her safe and well cared for which is all I could have wished for at the end of her life'.
- We saw kind and caring interactions between people and staff. Staff clearly knew people well and communicated with them in a supportive and empathic manner, but also in a jovial manner, which people appeared to enjoy and value.
- A health care professional told us, "Yes, I feel the staff are kind... If a resident is upset, I have seen a carer sit down with the resident and try to help and reassure them".
- We observed that hoisting in communal areas was undertaken in a manner that protected the person's dignity and doors were closed when people needed assistance from staff. This was also commented on by a healthcare professional who told us, "The doors to the residents room are always closed if they are providing the residents with personal care, They've also put the screens around a resident if they've had to do something with a resident in an area where other residents are".
- All of the interactions we observed were respectful and staff were seen to be encouraging people to make choices about how and where they spent their day and what they would like to eat and drink.
- People were supported to maintain their independence and autonomy where able. One person enjoyed daily independent walks around the grounds to try and minimise the impact of not being able to make visits into the local community during the pandemic.

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

- Staff sought people's consent before delivering care, for example, we saw that one person was asked if they would like a drink, they declined, the staff member reassured them that was fine and that they would ask again later.
- We saw staff communicating clearly and positively with a person they were assisting to transfer.
- Care plans included information about people's preferences and wishes, their communication needs and the relationships that were important to them. From our discussions with staff, it was evident that staff were

aware of these.

We did note that not all of the electronic care plans we viewed had been signed by people, or their legally appointed representative, evidencing their involvement and consent to the plan. The registered manager is to review the systems in place to ensure this is now completed.

- Relatives felt that staff mostly kept them informed of any significant changes to their family members wellbeing or when incidents such as falls occurred
- Some relatives had seen their family members care plan, others though had not and did not feel that they had been offered opportunities to be involved in regular reviews. They felt though that this was changing and that the new registered manager was promoting their involvement and working in a more collaborative way.



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as 'Requires improvement'. At this inspection this key question has now improved to 'good'. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The COVID-19 pandemic meant the activities provision had been revised. However, the activities team had continued to provide a range of events and activities to boost people's well-being and keep them engaged and entertained. Some external visits were beginning to take place again.
- During the inspection, a singer visited to entertain people in the garden. This was clearly being enjoyed by all those who attended. Staff were supporting the event and dancing with people and put on their own performance of rock and roll dancing which people joined in.
- We also observed a small group of people baking scones. Other recent activities had included an Italian day, a Royal Ascot celebration and an international picnic day. A local farm had recently undertaken a socially distanced visit to the home with animals.
- A mobile shop was available twice a week for people to purchase essential items.
- The activities team were passionate about their role and told us about how they tried to ensure that activities were tailored to people's interests and those who chose to remain in their rooms were also offered social interaction. One of the activities staff told us, "It is person centred around them, it's their kind of interests. For instance, [Person] likes to knit. We might sit with her and do some knitting. I don't know how to knit, she shows me. We go from room to room and do flower arranging, we play music and chat with them. We do sensory stuff in the garden and offer regular walks in the garden. That really lifts their spirits. There are troughs with sensory plants which are in easy reach. At Christmas we linked up with other Cinnamon homes and had a carol service".
- A health care professional commented on the activities programme saying, "I think they have an amazing timetable of activities, as we all know this has been a particularly hard year for care homes with family not being able to visit and not allowing outside entertainment but I feel Sunnybank have worked really hard to interact with the residents and to try and keep things interesting".

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Since our last inspection, there had been a steady decrease in the amount of agency staff that were being used within the home as more permanent staff were recruited. This helped to ensure that people received care from staff that knew them and their needs well.
- Most people told us that they were supported in a way which met their needs and preferences, although a small number of people told us about occasions when they had not always been provided with support when they needed it. We have spoken about this more in the 'Is the Service Safe' part of this report.
- Most relatives felt that staff would recognise if their family member was showing signs of an infection for

example and take appropriate action. There was less confidence that staff would always recognise changes in people's mood, which they felt was due to staff not having sufficient time to spend with people rather than a lack of skills.

- A 'Resident of the day' system was in place and allowed all aspects of a person's care and support to be holistically reviewed and updated on a monthly basis.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs continued to be identified and people had a communication plan. This described whether the person had any sensory deficits, and how they expressed their views.
- Activities programmes were produced in large print, talking books were made available for some people and magnifying equipment for those with visual impairments.

#### Improving care quality in response to complaints or concerns

- Overall, people and their relatives expressed confidence that they could raise any issues or concerns with the registered manager and staff and that these would be addressed. One relative told us that when they had had a concern, it had been resolved quickly and they had felt listened to.
- One relative did express a frustration that concerns relating to their family member's hearing aid were yet to be resolved to their satisfaction. They told us that they often visited to find the battery had not been changed which meant their family member could not hear which impacted on their quality of life. The relative did feel that the new manager was trying to address this more effectively.
- A complaints log was kept and provided assurances that complaints had been responded to appropriately.

#### End of life care and support

- Staff worked with local health care professionals to put in place advanced care plans that recorded the person's beliefs, and preferences regarding their end of life care. These helped to ensure that people had a comfortable and pain free death in the setting of their choice.
- Staff spoke of the importance of being with people at the end of their life. One staff member said, "Quite often we will hold their hands and comfort them and let them know they are not alone".
- Where appropriate records included a 'Do not attempt cardiopulmonary resuscitation' (DNACPRs).

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 'good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People benefited from a well led service and the registered manager and provider had shaped a culture where staff strived to provide person centred care and improve the lives of people using the service. The registered manager was aware of how tough the last year had been on the staff team and spoke of how the COVID-19 pandemic had dominated each day. She was proud of how the staff had managed to remain supportive of one another and of the residents. She told us how in the absence of visits from family and friends, "We have had to be the ones that give them [People using the service] comfort and make them feel loved".
- Relatives felt that the longer standing staff knew their family member's well and provided individualised care which met their needs and helped to ensure positive outcomes. One relative said, "They all seem to know what to do and how to look after him". They told us how they felt the personal care provided to their family member was "Second to none...his quality of life was poor, but they have really been encouraging him".
- The staff team were consistently seen to be smiling, positive and friendly in their approach to people.
- The person-centred approach was evident across staff in other roles. A member of the housekeeping team told us "I explain to them [housekeeping team] they must chat with the people, it's not just about cleaning. It's about making them feel at home".
- The provider had developed and delivered training to all staff on the risks and impact of closed or poor cultures developing amongst a staff team and they felt this had had a positive effect on the team within Sunnybank House.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was a registered nurse and had been in post for six months. Staff told us, and we observed, that they were a visible presence within the home and actively supported staff and interacted with people on a daily basis.
- The registered manager spoke of the importance of continuing to build a cohesive staff team and of giving senior staff the confidence to perform their role and responsibilities. She felt morale was improving and there was an increasing positivity evident in staff putting themselves forward for additional training and embracing new roles.

- The registered manager spoke positively of the support and mentoring they received from the provider and their peers in the organisation.
- Staff were clear about their role and responsibilities and spoke positively about the registered managers leadership and their impact on the service since their appointment. They described her as "Approachable" and having a "Can do approach".
- People and their relatives also spoke positively about the registered manager. One relative said, "I have had quite a bit of contact with the new manager, before I met her last week, we'd already had various emails... she is pleasant and approachable". Another relative said, "She [registered manager] is very helpful and I really appreciate her". Other relatives described the registered manager as "Supportive" and "Very proactive". They all said they felt the service was improving and that they would recommend it to others.
- There were effective quality assurance systems in place. Each month a number of audits were undertaken. These included detailed call bell audits, care plans and health and safety audits. Medicines audits were being strengthened to make them a more robust tool for driving improvements in this area.
- The provider used an online incident and accident reporting platform to document, manage and analyse safety related events. This provided helpful data on the prevalence of events that indicate a risk to care quality such as pressure ulcers or safeguarding concerns, injuries and training compliance.
- Clinical governance meetings took place regularly and were opportunities for clinical audit and sharing of good practice. At a recent meeting, the care and quality manager had shared information on recent publications on medicines optimisation and delirium in nursing homes. They explained that the registered nurses would complete reflective accounts and identify learning that it might be possible to implement in the home to improve practice.
- The provider's care and quality teams undertook regular visits to the service and completed audits to help ensure they maintained an oversight of the quality of care and any emerging risks within the service.
- All audit actions, both at local and provider level, fed into a service development plan which the registered manager and provider used to track progress with achieving objectives and improving the care people received. The close level of scrutiny by the provider was evident in the knowledge that the operations manager and care and quality manager had about the service and the people living within it.
- The provider promoted a culture of learning. For example, a review was being undertaken about how the provider might implement recommendations from the CQCs report on the use of 'Do not attempt cardiopulmonary resuscitation' decisions during the coronavirus (COVID-19) pandemic. General manager meetings across all the provider's services were held to share best practice.

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

- People were encouraged to give feedback about the care they received. We saw a number of examples where this had been acted on. For example, people were being involved in the continual development of the menu and the activities provision. People had asked for a bar, a greenhouse in the garden and for a shelter to be built which was wheelchair friendly. These requests were being acted upon. The design and redecoration of Nemesia unit had been influenced by people's suggestions.
- Surveys were completed with people and staff in August 2020. The provider had taken action to address the areas where feedback suggested improvements could be made.
- Face to face relatives' meetings had not taken place for some time due to the pandemic and the relatives we spoke with, looked forward to these being reinstated as they had found them useful forums for raising concerns or making suggestions. Some online meetings had taken place and the registered manager used monthly emails to ensure that relatives were kept up to date with issues relating to the pandemic, the refurbishment of the home and changes within the staff team.
- The provider and registered manager actively encouraged staff to give feedback on how the service might improve. Staff meetings took place during which staff were able to share ideas but were also provided with

key updates on areas such as changes to infection control procedures and visiting arrangements. The daily heads of department meetings supported the involvement of staff in making decisions about people's care.

- The provider gave a 'Making a difference' award each quarter to recognise staff for their commitment to their role and to caring for people using the service.
- Staff told us they felt valued and that morale and teamwork was, despite the challenges of the last year and their concerns about staffing, overall good. For example, one staff member said, "I love it... it's more than just a job. They are like my family, they see us as their family" and another said, "There is something really special about it here".
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. This was reinforced through training. One staff member told us, "We've had dignity at work training... it's about not judging people. I saw a documentary last week on LGBT care homes, there were people on there talking about their experiences saying they had been in other homes where it wasn't recognised".

#### Working in partnership with others

- The leadership team and nursing staff collaborated with partner organisations effectively and sought out appropriate guidance and advice from health professionals to ensure the safety and wellbeing of people was maintained.
- The registered manager responded in an open and transparent way to requests for information to support this inspection and responded promptly to address areas where the inspection team identified minor concerns or omissions.