Caring Homes Healthcare Group Limited

Sundridge Court Nursing 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

This inspection took place on 03 and 04 May 2016. The inspection was undertaken by two inspectors and a specialist advisor and was unannounced. At our previous inspection on 20 May 2014 we found the provider was meeting the regulations in relation to outcomes we inspected.

Sundridge Court is a nursing home located in the London Borough of Bromley. The home is registered to provide accommodation and support for up to 30 people and specialises in providing nursing care for the elderly. At the time of our inspection 27 people were using the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service said they felt safe and that staff treated them well. Their privacy and dignity was respected by staff. Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported. Staff told us they sought consent from people when offering them support. The registered manager demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS)..

There were enough staff to meet people's needs and appropriate recruitment checks took place before they started work. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Risks to people using the service were assessed; care plans and risk assessments provided clear information and guidance for staff on how to support people with their needs. People and their relatives [where appropriate] had been involved in planning for their care needs. People They were being supported to have maintain a balanced diet, and had access to a range of healthcare professionals when required People received appropriate end of life care and support. When necessary additional support was provided to the home by visiting health care professionals.

Regular residents and relatives meetings were held so that people could talk to the registered manager and provider about the home and things that were important to them. The provider took into account the views of people using the service and their relatives and staff through surveys, and took action to make improvements to the service in response to the feedback. There was a range of appropriate activities available to people using the service to enjoy. People knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Staff said they enjoyed working at the home; they received plenty of training and good support from the registered manager. Unannounced spot checks, including weekend and night time checks, were carried out

by the registered manager to make sure people received good quality care at all times.

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. Medicines were managed safely and records showed that people were receiving their medicines as prescribed.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified.

There were arrangements in place to deal with foreseeable emergencies.

There were appropriate safeguarding adult's procedures in place. Staff were aware of the action to take if they had safeguarding concerns.

There were enough staff on duty to meet people's needs. Appropriate recruitment checks took place before staff started work.

Is the service effective?

Good

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The provider was creative in looking at ways to support people to eat and drink sufficient for their needs and to protect against the risks of inadequate nutrition and dehydration.

Staff sought consent from people when offering them support. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People had access to a GP and other health care professionals when they needed it.

Is the service caring?

Good

The service was caring. Staff spoke to people in a respectful and dignified manner.

People's privacy and dignity were respected.

People and their relatives, where appropriate, were consulted about and involved in developing their care plans.

There were arrangements in place to meet people's end of life care needs.

Is the service responsive?

Good

The service was responsive.. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People were provided with a range of appropriate activities.

People using the service and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good

The service was well-led. There were appropriate arrangements in place for monitoring the quality and safety of the service that people received.

Staff said they enjoyed working at the home and they received good support from the registered manager and senior staff. There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it.

The manager carried unannounced night time and weekend checks at the home to make sure people were receiving appropriate care and support.

Sundridge Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 unannounced inspection was carried out on the 03 and 04 May 2016. The inspection team on the first day consisted of two inspectors, one of who was pharmacy inspector. One inspector returned to the home on the second day together with a specialist adviser who was a senior nurse.

Before the inspection we looked at the information we held about the home including notifications they had sent us. We spent time observing the care and support being delivered. We spoke with six people using the service, five visiting relatives, six members of staff, the registered manager, the home's clinical lead and the regional manager. We looked at records, including the care records of seven people using the service, six staff members' recruitment and training records and records relating to the management of the service. We also spoke with health care professionals and the local authority and asked them their views about the home.

Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe and secure here. I have access to my specialist and all my needs are met." A relative said, "My relative is safe and contented. The home is second to none."

There were systems in place to ensure that people consistently received their medicines as prescribed by health care professionals. Medicines were stored in a designated medication room. The door was locked and had a keypad which only staff responsible for administering medicines had access to. The medication room temperatures and medicines fridge temperatures were recorded daily and we noted that they fell within safe ranges. The medicines fridge was locked and sharps bins did not contain inappropriate items.

We looked at the medicine administration records (MAR) for five people using the service. We checked the balances of medicines stored in the medication rooms against the MAR and found these records were up to date and accurate. These records included a photograph of the person, their known allergies and details of staff members authorised to administer medicines. MAR showed that people were receiving their medicines when they needed them and any reasons for not administering people their medicines was recorded. We saw up to date protocols were in place to advise staff when and under what circumstances people should receive any medicines that had been prescribed 'as required'. Staff told us what they would do when people required an 'as required' medicine, what they would do if a person missed their medicines and how they would report any safety incidents.

Action had been taken to support people where risks had been identified. People's care files included a wide range of risk assessments in areas including falls, moving and handling, medicines, weight loss, nutritional needs, isolation, continence care and skin integrity. People also had individualised risk assessments on behaviours that may challenge and their medical conditions. These risk assessments provided guidance to staff on how they should support people so that the risk to them could be minimised. For example, where people were assessed as being at risk of malnutrition, there were plans in place to support them with eating and drinking. In another example, where people were at risk of falls we saw records confirming staff had been monitoring their safety on a regular basis. Additionally, people were supported when they were at risk of choking and for other conditions we saw electronic monitors were in place to monitor risks relating to areas such as epilepsy.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely. Staff we spoke with knew what to do in the event of a fire. They told us there were regular fire drills,so they were reminded about their roles in such an event. Records confirmed that staff received regular training on fire safety. The home had a fire risk assessment conducted by an externally appointed specialist, which had been reviewed in April 2016. We saw records confirming that the fire alarm was tested on a weekly basis and regular fire drills had been carried out.

Records of accidents and incidents were maintained that contained information about each incident, and what action had been taken, for example the review of a person's risk assessment, or the making a GP

referral. The regional manager told us that this data, together with other information from the home, was analysed at head office and any trends, patterns or queries would be flagged up with the home.

There were policies and procedures in place to protect people using the service from the risks of abuse and avoidable harm. The registered manager and staff we spoke with demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for. They were also aware of the action to take if they thought someone was at risk of abuse including whom they would report any safeguarding concerns to. Records confirmed that the registered manager and all staff had received training on safeguarding adults from abuse. A member of staff said, "I know what to do and what to look for and wouldn't hesitate in reporting my concerns."

Thorough recruitment checks were carried out before staff started working at the home. We looked at the personnel files of eight members of staff that worked at the home. The files contained completed application forms that included references to their previous health and social care experience, their qualifications and their full employment history. Each file included two employment references, health declarations, proof of identification and evidence that criminal record checks had been obtained for all staff to ensure their suitability for their roles.

People using the service and staff told us there were always enough staff around to meet their needs. We observed a good staff presence, that staff were attentive to people's needs and when call bells were activated staff responded quickly to provide support to people. One person using the service said, "There are always enough staff around. You don't have to wait too long when you need them." Another said, "I have my own main worker and if they aren't available there is always someone else to help me." The manager showed us a staffing rota and told us that staffing levels were arranged according to the needs of the people using the service. If people's needs changed additional staff cover was arranged. The provider did not employ bank or agency staff and we noted that they had a sufficient number of permanent full and part time staff to cover rotas, including staff sickness and annual leave. This meant that there was always enough staff to meet people's needs and that staff were familiar with people and knew how best to support them.

Good

Is the service effective?

Our findings

Relatives and visitors told us that staff were skilled at meeting the needs of people at the service, and were competent in supporting them with complex conditions. They spoke highly about the care and support at the home. One relative told us, "We are really happy; the staff are particularly well trained and really knowledgeable. They have implemented things that have really helped our relative." Another said, "My relative is happy here and her condition has improved since admission." A health care professional also commented, "We find all the staff very helpful and knowledgeable about the residents."

There was a strong emphasis on the importance of eating and drinking well for people living with dementia. Staff monitored people's food and fluid intake to ensure it was sufficient and people's weights were also monitored regularly. There were clear procedures in place regarding the actions to be taken if there were concerns in these area. For example, more frequent checks of one person's weight had been carried out where they had been identified as losing weight and their diet was reviewed and a fortified diet considered. People's care plans identified their nutritional needs and preferences, as well as any support they required from staff to maintain a healthy diet. For example we saw one person's care plan specified that they required fortified foods and drinks, we saw staff offering fortified foods and drinks to this person at lunchtime. Where staff had identified concerns relating to people's nutrition, we saw that referrals had been made to the GP and other relevant health care professionals for advice and support. One person said, "I was referred to the dietician because I wasn't eating well. I'm now healthier than ever. I love the food here."

The chef told us they walked around the home on a daily basis and spoke with people about their meal preferences. They were aware of people's dietary requirements and received daily notifications from staff that included details of people's weights and any changes to their condition. They said, "We were recently awarded a five star rating for food hygiene by the local authority. I take food, diet and hydration seriously especially with the elderly. I monitor how people are, talk to them and together we change their diet accordingly. If food needs to be fortified with extra cream or someone is having problems with swallowing we change things so that people are safe and well nourished."

We observed a mealtime during one of the days of the inspection and saw that people received plenty to eat and drink. Staff were available to offer support to people where required and we observed them gently encouraging people to eat in a relaxed an unhurried manner. We saw that one person was supported to drink with a straw and another was supported to eat soup. Most people ate together and appeared to enjoy the mealtime but we also observed that there was flexibility where people preferred to eat in their own room. One person using the service said, "No complaints. I really enjoy the meals." Another person told us, "I think there is enough choice and you get asked about what you would like."

The registered manager and staff's approach to food and drink, along with pro-actively catering for specific dietary preferences and health fluctuations, ensured that people's dietary and fluid intake significantly improved their wellbeing. A health care professional said, "We attend the home and are satisfied with the high quality care, concentration on food an fluid intake and positive outcomes they achieve."

The registered manager demonstrated a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS set out what must be done to ensure that the human rights of people who lack capacity to make decisions are protected. Staff we spoke with were aware of the importance of seeking consent from people when offering support. They demonstrated an understanding of the MCA and how it applied to their roles. They said that most people using the service had capacity to make some decisions about their own care and treatment. We saw that mental capacity assessments had been completed for specific decisions and retained in people's care files. The registered manager told us that, they had made 11 applications to the local authority to deprive people of their liberty. At the time of our inspection we noted that seven DoLS applications had been authorised and the others were being processed by the local authority. We saw that all of the paperwork was in place and kept under review and the conditions of the authorisations were being followed.

People had mental capacity assessments in place relating to specific decisions such as the use of bed rails at night time. Where a person had been assessed as not having capacity, records showed that relatives and health care professionals, where appropriate, had been involved in making specific decisions in the person's best interests. This meant that the provider had included views about people's care to ensure that the least restrictive option for care had been considered and that the MCA had been followed.

Staff training records confirmed that all staff had completed training in areas the provider considered mandatory. Mandatory training included safeguarding adults, the MCA and DoLS, dementia awareness, health and safety, moving and handling, infection control, first aid, fire safety and food hygiene. Some staff had also completed training on other topics such as administering medicines, end of life care, and nutrition and hydration. Mandatory training was recorded on a database, this indicated when staff required training updates and was monitored by head office and action taken if necessary. Most staff had completed accredited qualifications relevant to their roles within the home. For example care staff had completed qualifications in health and social care, and kitchen staff had qualifications relating to food and hygiene. Nursing staff had also completed training relevant to their roles.

Staff told us they had completed an induction, which was confirmed by the records we reviewed. One member of staff said, "I have received training on everything you could imagine in a nursing home setting. It all helps me in being able to do my job."

Staff told us and the records we saw confirmed that they received a supervision session with the manager every four weeks and an annual appraisal of their work performance. They said this helped them in providing the care and support to people using the service and that they felt well supported by the registered manager. One member of staff told us, "The manager or the deputy is always available. We can approach them whenever we come across something new or just need support. They've seen and done everything and it's a real education being around them."

We found that people were supported to maintain good health. Records showed that people had access to a range of healthcare professionals including a GP, chiropodist, and dentist. Staff also supported people to attend hospital appointments. In one case we found that a referral had been made to a speech and language therapist following identification that a person was at risk of choking whilst eating. Advice to staff was documented in the care records and on the person's care plan.

A visiting professional who acts as an advocate for people said, "I am impressed whenever I attend. My clients always tell me that they are happy with the care, treatment they receive and the food always looks appetising."

Feedback about the service from visiting healthcare professionals was positive. One told us, "The staff are first rate, well trained and there is a high level of care and treatment. Another said, "They provide very safe proactive and affective care for all their residents. They take their roles and responsibilities very seriously and try and avoid unnecessary hospital admissions."

Good

Is the service caring?

Our findings

People said that staff were caring. One person told us, "I really respect the staff and I know they respect and care for me. There's a great understanding between us." A relative said, "Our relative died recently. It was expected as the home was nursing her with a serious condition, but the care and dignity they provided was outstanding. My relative's keyworker even stayed behind in his own time to be with us." A visiting health care professional told us, "Staff treat residents with courtesy and respect and I have always seen them to be kind and professional."

People were involved in their care and support plans and where this was not possible relatives were actively involved. For example we saw that information about people's personal histories and involvement with external health care professionals had been discussed with relatives in April 2016. Relatives told us they were consulted about their relatives' care and support needs. One said, "I am consulted every step of the way as my relative cannot express her wishes."

All of the care files we looked at included a section on personal histories. This recorded the person's hobbies and interests, details of significant events and favourite places, holidays and the jobs they used to do. A member of staff said, "We get to know about all our residents and the paperwork is full of useful information that we use to involve people in everything we do."

When looking at the care plans we saw that end of life care plans and consent forms requiring the person's agreement regarding their care and treatment were in place.

It was evident throughout the course of the inspection that staff knew people well and understood their needs. We witnessed many examples of good care and saw that people were treated with understanding, compassion and dignity. Staff appeared to know people well. We saw them actively listening to people and encouraging them to communicate their needs. For example we observed a member of staff engaged in discussing a person's family member and how well they were doing at university. We also saw staff responding to people's needs in a calm effective manner supporting them to the toilet and responding to requests for drinks and snacks. One staff member told us there had been improvements made at the home since the current manager took up their post in April 2015. They said that manager was "resident focused" and had organised a lot more activities for people. They said care plans were much better; they contained more information that helped staff get to know people and what their needs were.

One person using the service said, "The staff are very good and kind. If I feel like spending the day in my room having quiet time, the staff respect this and see to me with drinks and my meals." A relative said, "I've never seen any staff acting rudely or wrong in any way. They are a good and caring lot."

Staff respected people's choice for privacy as some people preferred to spend time in their own rooms. We saw staff knocking on doors requesting permission to enter when people were present. One person said, "I like my privacy and the staff give it to me. They always knock when I'm in my room." Where people needed

support with personal care, staff ensured their privacy by drawing curtains and shutting doors. Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They said that they explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One member of staff said, "I close the doors and put a towel over them when I am giving someone personal care. I like to explain what I'm doing and know that they are reassured by this." Another said, "I call people by their preferred name, always crouch down to their level when speaking and make sure that they are not rushed."

People using the service had access to a professional representative who acted as an advocate for people when their relatives or other supporters were unavailable. This person is a specially trained advocate who can help if a person does not have capacity to make particular decisions.

People were provided with appropriate information about the home in the form of a service user guide. This guide ensured people were aware of the standard of care to expect, access to health care professionals, complaints procedure and the services and facilities provided at the home.

Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines records were locked away in the main office and this meant that only authorised staff accessed people's records.

Good

Is the service responsive?

Our findings

A relative of a person who used the service said, "I can't keep up with what my relative is doing, there's always so much going on. Sometimes I visit and join in with activities and am encouraged to do this."

People told us they enjoyed the activities provided at the home. During the first morning of the inspection we saw some people participating in a 1940's to 1960's quiz whilst others were sitting quietly reading newspapers and some people watching television. During the afternoon we saw the home's activities coordinator engaged with people in a chair based exercise activity. People participated enthusiastically whilst staff gave encouragement or offered appropriate support. The activities co-ordinator told us that activities included going out to the seaside, a combined party to celebrate the Queen's 90th birthday and St George's Day, pub lunches, and trips to historic sites.

Throughout the course of our inspection we saw positive interactions between people using the service and staff. The activities co-ordinator said, "I love running the activities and seeing the home well run. We are involved in organising an early summer street party with residents and the community and everyone is looking forward to that."

People's care files were well-organised, easy to read and accessible to staff. We saw that people's health care and support needs were assessed before they moved into the home. These assessments covered areas including, moving and handling, mobility, nutrition, communication, sleeping, emotional and spiritual needs, activities, medicines, continence and end of life care. The registered manager told us that care plans were developed using the assessment information and kept under regular review. They contained information about people's medical and physical needs. For example, one person's care plan included information about the equipment they needed to ensure safe moving and handling.

Care plans also included information such as how people liked to be addressed, their likes and dislikes, details about their personal history, their hobbies, pastimes and interests and guidance to staff about how their care and support needs should be met. For example, one person's care plan advised staff to speak to the person clearly and tell them who they were as they were partially sighted. Another person's care plan included tips for staff in preventing distress, which included calling them by their preferred name. Each person's care file included an "at a glance sheet" a copy of which was located in the person's room and provided staff with a summary of the persons care and support needs, their personal history and likes and dislikes.

People's care files also included risk assessments and other documentation, for example, Mental Capacity Act (2005), Deprivation of Liberty Safeguards assessments and records of best interests decisions. We also saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms, where appropriate, in the care files. The DNAR is a legal order that tells a medical team not to perform Cardio-pulmonary Resuscitation on a patient. However this does not affect other medical treatments. These had been fully completed, involving people using the service, and their relatives, where appropriate and signed by their GP. All of the care plans and risk assessments we looked at had been reviewed on a monthly basis or more frequently if required to ensure

they were reflective or people's current needs. We also saw daily notes that recorded the care and support delivered to people.

People were allocated a named key worker who took responsibility for updating and changing their care plan. Records showed that people and their relatives were also involved in an annual review of care planning, Views from people and relatives were recorded and confirmed their agreement to the care plan. The clinical lead at the home showed us a daily handover sheet used at the home. They said this ensured people received continuity of care. A member of staff confirmed there were hand over meetings where they shared any immediate changes to people's needs. They said that these meetings were also used to make sure that all of the care staff were aware of any new admissions and their care needs.

The provider had a complaints procedure in place which was included in the service user guide. It told people how to complain, who to contact and what would happen. People said they knew about the complaints procedure and told us they would tell staff or the manager if they were not happy or if they needed to make a complaint. One person said, "I've never complained. If I was unhappy about anything, I would say something."

Relatives also said they knew how to make a complaint if they needed to. They said they were confident they would be listened to and their complaints would be fully investigated. The manager showed us a complaints file. This included a copy of the procedure and forms for recording and responding to complaints. The records showed that when concerns were raised, they were investigated, responded to appropriately and, where necessary, meetings were held with the complainant to resolve their concerns.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. They took over as manager in April 2015 and registered with Care Quality Commission in July 2015. Comments from people using the service included, "The manager has made improvements. She's marvellous," and, "The home is really well run well. Like clockwork really." A relative told us, "I hope that the manager stays and the improvements continue. I am confident in her abilities to obtain excellence." A member of staff said, "Since the manager came there has been a big improvement in how things are run. She's always available and has made a big difference at the home"

Regular audits were carried out to monitor the quality of the service and to identify how the service could be improved. These audits covered areas including medicines, care plans, falls, weight loss, infection control, incidents and accidents and complaints. The registered manager told us the auditing system they used enabled them to identify areas of concern and put systems in place to make improvements. The regional manager told us they used the audits to monitor the service and where shortfalls had been identified, they discussed these with the registered manager during their weekly visits to the home.

The registered manager conducted unannounced night time checks to make sure people were receiving appropriate care and support. The provider also undertook separate audits which covered CQC's key domains of safe, effective, caring, responsive and well led. These highlighted areas of good practice and areas where improvements could be made. The registered manager told us they were working on continually improving the service and said, "There is work still to do before I'm completely satisfied but we've come a long way."

The registered manager had implemented a 'resident of the day' scheme where individual residents received special treatment during the day. In addition to their normal activities, the resident had a individual meal cooked of their own choice, their room was specially set out, residents were told of their 'life and times' and the home used it as an opportunity for the registered manager and senior staff to thoroughly review the resident's care plan and risk assessments.

People using the service and their relatives told us there were regular residents and relatives meetings. Minutes from the October 2015 meeting indicated the meeting was well attended by people and their relatives and issues discussed included setting up a residents' committee, food, cleaning and activity planning. One person said, "We have residents meetings and we can all have our say and things do get done." Another person said, "You can say what things you want at the meetings and relatives can come to the meetings too." A relative told us, "There are relatives meetings and I'm encouraged to attend. There's never an issue if people have something to say good, bad or indifferent." Issues discussed at the January 2016 meeting included activities, staff sickness, laundry, relatives attending care plan reviews and the introduction of a resident's and relative's newsletter.

The provider took into account the views of people using the service and their relatives about the quality of care provided at the home through surveys. The registered manager said they used feedback from the surveys to make improvements at the home. We saw that a residents' survey had been carried out in

February 2016. We saw actions taken as a result of that survey included the tidying of the garden in preparation for summer and purchase of additional outdoor furniture.

Staff told us they liked working at the home and about the support they received from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to them when they needed it. One staff member told us, "I am happy working here. I love the residents and we are a big happy family. It's a nice home." Another staff member said, "The manager and clinical lead are always around and very visible." A third member of staff commented, "The manager's door is always open and she is approachable. I can go to her if I have a problem that cannot be resolved with other staff."