

Franklin Homes Limited

Sunningdale House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

We inspected Sunningdale House on 2 and 19 October 2017. The inspection was unannounced on the first day and we told the provider we would be visiting on the second day.

At the last inspection in July 2016 we found the provider had breached three regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and was rated Requires Improvement. The breaches related to the safe delivery of care and treatment, staff supervision and appraisal and overall governance of the home. The provider sent an action plan following the inspection to outline how they were going to approach making improvements.

Although improvements had been made we found continued breaches in two areas relating to safe care and treatment and good governance.

This is the second time the service has been rated Requires Improvement. We will discuss this outside of the inspection process with the provider.

We discussed with the provider and the registered manager areas which still required improvement and they were open about challenges they had faced since the last inspection. This had involved a turnover of staff and slow recruitment, a new registered manager, a programme of complex change and refurbishment. Following the inspection the registered manager provided regular updates about action they had taken to continuously improve. We had confidence the provider was committed to making the improvements still required.

Sunningdale House 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 care home accommodates 13 people who have mental health issues and or a learning disability/ autism in one adapted building.

The service had a registered manager in place. The registered manager had been recruited since our last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

Systems in place to monitor the service provided had not consistently highlighted concerns which affected safety and quality. The issues we noted around refurbishment, cleanliness, responsiveness of staff to promote wellbeing for people were linked to the lack of resources and staffing levels the provider had implemented. The provider listened and immediately put plans in place to make improvements.

Risks to one person's safety had been assessed but detailed plans had not been implemented to guide staff

how to keep the person and other people safe. This had impacted negatively on the person's wellbeing. For other people we saw appropriate risk assessments, care plans were in place which contained person centred detail about how the person preferred to be supported. People had been involved in developing their own care plans and we saw they were regularly reviewed.

There were systems and processes in place to protect people from the risk of harm. This included safe recruitment and selection processes carried out before staff began employment and appropriate checks of the building to ensure health and safety. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Appropriate systems were in place for the management of medicines so people received their medicines safely.

We saw staff had received supervision on a regular basis and an appraisal. Staff had received appropriate training to enable them to fulfil their role. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We saw positive interactions between people and staff. Staff treated people with dignity and respect. People told us they were happy and felt very well cared for.

People were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. They were supported to maintain good health and had access to healthcare professionals and services.

People's independence was encouraged and each person had goals they wished to achieve. They were able to tell us the progress they had made towards them. People were supported to maintain positive relationships with friends and relatives when they chose to keep in touch with them. They accessed the local community to maintain links with support groups and friends.

People told us they were able to voice their ideas and concerns to the registered manager. Regular forums were made available for them to do this. The provider had a system in place for responding to people's concerns and complaints. We saw any concerns raised had been dealt with appropriately.

The team of staff were complimentary about the support they received from the registered manager. They told us there was a positive culture and they enjoyed their work supporting people. People and their relatives agreed the registered manager was a good leader who listened and supported them well.

Breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found during this inspection. These related to safe care and treatment and good governance. You can see what action we told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

One person did not have appropriate care plans and risk assessments to direct staff to deliver safe support.

Levels of staff on day one of the inspection were not sufficient to maintain cleanliness and ensure people received appropriate levels of support. Numbers of staff on duty had increased by day two of the inspection.

Appropriate recruitment checks of new staff and robust medicines systems were in place. Staff were trained to recognise abuse and take action to safeguard people.

Is the service effective?

Good 

The service was effective.

Staff received training, supervision and support to enable them to fulfil their role.

People told us they were involved in developing their care plans and had consented to the care described in their care plan.

People were supported to maintain good health and had access to healthcare professionals. This included appropriate support with nutritional needs.

Is the service caring?

Good 

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service.

People were supported to be independent in areas such as cooking, cleaning and accessing the community.

Is the service responsive?

The service was not consistently responsive.

People were supported to develop goals to enable them to maintain or develop their skills. This included taking part in activities of their choice.

All but one care plan contained information about how people wanted to be cared for by staff. Care plans were person centred.

People and their relatives knew how to raise concerns with the provider should they need to.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The quality assurance system had not highlighted all of the concerns found during this inspection. Systems were not fully effective to ensure safety and quality.

The service had a registered manager who understood the responsibilities of their role. Staff told us the registered manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon.

Requires Improvement ●

Sunningdale House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on 2 and 19 October 2017. Day one was an unannounced. We told the provider we would be visiting on day two. The inspection team on day one 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. On the second day two adult social care inspectors visited.

Before the inspection we reviewed all of the information we held about the service. This included information we received from statutory notifications since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We sought feedback from the local authority, health professionals and Healthwatch prior to our visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider also completed a provider information return (PIR). 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 all of this information to plan our inspection.

At the time of our inspection visit there were 13 people who used the service. We spoke with eight people and three relatives. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms.

During the visit and following the visit we spoke with the registered manager, area manager, area director, deputy manager and four staff members. We spoke with three healthcare professionals during the inspection.

During the inspection we reviewed a range of records. This included three people's care plans and two people's medication records. We looked at two staff files, including staff recruitment and training records,

records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

At the inspection in July 2016 the provider had not assessed the risks to people's health and safety or done all that was reasonably practicable to mitigate such risks. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we looked at the arrangements in place to manage risk so people were protected and their freedom supported and respected. We saw that one person did not have appropriate risk assessments or care plans in place to ensure staff knew how to keep them safe, promote wellbeing and what to do if the person placed themselves or others at risk.

We saw information had been received from healthcare professionals and this was available for staff to use as guidance. However, the information had not been transferred into working documents and protocols to ensure staff delivered effective support. This had contributed to the factors which had led to a decline in the person's mental health. This was because staff did not know how to intervene at times to support the person.

We looked at the recordings staff had made in daily notes and 'special notes' which gave us a picture over time of the progress this person had made. Some of the 'special notes' recorded were significant events which had not been recorded in the provider's accident and incident management system. This meant the registered manager had not always been made aware of them and therefore appropriate interventions had not been implemented.

When we reviewed these records we could see the person had not received the appropriate interventions to prevent mental ill health and in fact a decline was evident. Because these records had not been reviewed the decline had not been clearly understood and therefore appropriate interventions had not been actioned. We contacted the healthcare professionals during the inspection period to advocate immediate and specialist support for this person.

When this person had moved to the service additional specialist support had not been arranged by the mental health professionals to support the staff team and/or monitor the person. This meant healthcare professionals were also not aware of the decline in the person's mental health.

The provider had not ensured they implemented care plans, risk assessments or appropriate monitoring. This meant they had not done all that was reasonably practicable to mitigate risk for this person and they had not promoted their wellbeing. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following day one of the inspection we asked the area manager to ensure appropriate risk assessments and care plans were implemented. We saw on day two the records for this person had improved. We looked at the care plans and risk assessments for two other people and found they were appropriate. This enabled staff to have the guidance they needed to help those people to remain safe.

The registered manager responded quickly to our feedback and was able to communicate the lessons they had learnt to us on day two of the inspection. We were confident this learning would prevent a future occurrence of such a situation.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety.

We saw personal emergency evacuation plans (PEEPs) were in place for everyone who used the service. PEEPs provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed evacuation practices had been undertaken.

We saw evidence that people were smoking in their rooms. This is something which was not allowed. People were aware of the rules and were challenged when it was known they had broken them. We made a recommendation that the provider source and implement effective control measures and procedures where people are known to frequently smoke in their bedrooms.

At our inspection in July 2016 we made a recommendation that the provider must take action to address issues around refurbishment and cleanliness in the service.

On day one of the inspection we were provided with a copy of the refurbishment plan which outlined expected works within 2017/18. We saw some areas of the service had been refurbished and people told us they were pleased with their bedrooms since they were decorated.

We spoke with the area manager about some of the works we felt were important which had not been completed. Such as the replacement of heavily stained carpets and renovation of the outside yard area to ensure people would not fall. They explained how they were liaising with the estates department to negotiate funding. We have received an updated refurbishment plan with appropriate timescales for when works will be completed.

The building is large and although a part time cleaner was employed staff told us it was difficult to maintain cleanliness of the building. Particularly, where they needed to prompt people to maintain the cleanliness of their own rooms. We observed some areas required cleaning when we visited. One member of staff told us, "It is sometimes difficult if there are only two of us here; first priority is the residents, then paperwork, then cleaning."

Following discussions with the registered manager and staff we were told the staff on shift were responsible for cooking, cleaning, gardening, maintenance of safety in addition to the support they provided people. We saw that people who lived in the service required a type of support which involved high levels of prompts and emotional reassurance to promote their engagement and success with personal goals. This meant staff needed to be available to respond and intervene when they observed a person required support or requested support.

We observed staff were not able to carry out all of the duties expected of them to a high standard. One person told us, "Issues are dealt with as quickly as they can be, but the staff are often busy and it can be difficult to find staff at times." A relative told us, "My family member could do with more 1:1 at times, they need help with prompting, and the service is understaffed at times." A healthcare professional told us they felt people's progress was hindered because staff did not have enough time to intervene as people required it. The support we saw provided was more reactive to immediate needs than proactive which would promote people maintaining and developing skills and independence.

The provider had made a decision that two staff during the day and one staff member at night was appropriate. We discussed the staffing levels with the registered manager, area manager and area director. They agreed to review the staffing levels using a dependency tool which took into account each person's individual needs. This was completed immediately following day one of the inspection when staffing levels were increased to three staff at peak times during the day. We saw on day two this had created a positive change and staff were able to spend more time focusing their support to people.

The registered and area managers told us about the challenge they continued to have recruiting staff for the service. They had worked with the local job centre, agencies and their own recruitment team to stimulate interest in the jobs market. Whilst they had vacancies the provider had used their own staff from other local services to cover shifts alongside staffing agencies to maintain staffing levels and continuity for people.

Where agency workers were used to cover shifts we saw they had received an appropriate induction. Agency profiles were in place which outlined all of the details the provider needed to ensure the agency worker had been safely recruited by the agency and had the skills to deliver support to people.

We looked at two staff files and saw the staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home.

At our inspection in July 2016 we made a recommendation that the provider must seek guidance from an appropriate source in relation to the storage and administration of medicines.

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines. We saw the system had improved. Each person had their own medicines stored in their own room, a personal medicines file which contained information about the help they needed with their medicines and the medicines they were prescribed, including the side effects.

The service had a medication policy in place, which staff understood and followed. We checked people's Medication and Administration Records (MARs). We found they were fully completed, contained required entries and were signed. We saw there were regular management checks to monitor safe practices. Staff responsible for administering medication had received medication training and their competency had been checked.

We observed a member of staff supporting medicines administration and we saw they knew people's needs and involved the person in making choices about which medicines they felt they required. People were happy with their medicines support. One person told us, "'I get reminded to take my medicines; the staff are good about it. I think I get them on time."

People told us they felt safe. People told us, "I feel safe here, I have never had any problems, the staff come if there are problems" and "If anything is wrong they listen to us, we can bring up problems. We feel safe in our room. If we need help we try and find a member of staff, they always help."

We spoke with the registered manager about safeguarding adults and action they would take if they witnessed or suspected abuse. They told us all incidences were recorded and the service reported and investigated concerns. Records we saw confirmed this.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they describe the process to follow. They told us they had all been trained to recognise and understand all types

of abuse, records we saw confirmed this.

Is the service effective?

Our findings

At the inspection in July 2016 the provider had not ensured staff received frequent and effective support and supervision. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw improvements had been made. This meant the provider had achieved compliance with regulation 18.

Staff we spoke with during the inspection told us they felt well supported and they had received supervision and an appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm supervision and appraisals had taken place. One member of staff told us, "I feel I have had enough support."

People who used the service who told us staff provided a good quality of care. People said "Staff seem trained to help us" and "I get supported by the staff they help me well."

The registered manager told us staff new to care were undertaking the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

A new staff member told us, "I received an induction pack and shadowed another member of staff over a period of three weeks. The induction covered everything such a safety and safeguarding. This is my first caring job. I am doing e-learning training on medication and various other things. I am booked to go on training. I learnt a lot shadowing different staff on different shifts."

We saw the training matrix which confirmed staff training was well managed and most staff were up to date in all mandatory topics. Where training was needed this was planned. We saw additional training in areas such as mental health awareness, autism and behaviours that may challenge the service had been provided. This meant staff had the knowledge they needed to enable them to fulfil their role.

We discussed with the registered manager that some of the training for new staff was delivered some weeks after they started to work in the service. Some topics were critical to keep the staff and people safe, for example behaviours that challenge the service. One new member of staff told us about an incident they had been involved in where they had not received the training to support them to intervene in the best possible way. The registered manager accepted this and told us they would look at how this would be managed in future.

At our inspection in July 2016 we made a recommendation that the provider must seek guidance from an appropriate source about best practice in relation to the Mental Capacity Act (2005).

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 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions. We saw some decisions had been made about people's capacity prior to their move to the service and the team followed the 'best interest' decision for people. Where people had capacity we saw they were involved in designing the care they wanted to receive and had signed to consent to the care outlined in their care plan. Where people were not able or chose not to sign their care plans the registered manager ensured any interventions were the least restrictive option and that the multi-disciplinary team had been consulted.

At the time of the inspection one person was authorised to be deprived of their liberty and another application was pending a decision.

People who used the service told us they were involved in making choices about the food they ate. People said, "The food is good, you can have breakfast when you want, I often have eggs on toast. Staff listen to our food suggestions. I help with the cooking I like that" and "The food is very good, nice options. I get reminded to eat healthily."

Menus were created with people's likes and dislikes in mind. We saw in the records of the of the resident's meetings that food suggestions were requested and taken into account. The menu highlighted who had suggested which meal.

A hot meal was made in the evening for everyone and people got involved in the preparation. The rest of the time people accessed food themselves or with staff support in the kitchen. We observed people making their own breakfast and lunch. People tended to prepare their food and then eat in either their own room or communal areas. It was very relaxed and people could access food, drinks and snacks whenever they chose to.

A separate kitchen was available for people to be supported one to one to develop their skills in cooking and safety in the kitchen. One person told us they were keen to do this because they eventually wanted to move to independent living.

People told us they could access healthcare when they needed it and that staff supported this well. People said, "I can get to see a doctor when I need to" and "Staff get me appointments I need and go to them with me." Staff tried to promote people making positive choices about their health and they encouraged smoking and alcohol cessation, taking regular exercise and healthy food choices. One person told us, "Staff have helped me give up smoking, it has been very hard, but I have done it."

The registered manager said they had good links with the doctors and healthcare professionals. People were encouraged to visit healthcare professionals and staff promoted people to be independent where they could. We discussed with the registered manager that it was difficult to navigate in the care records where the last appointment was recorded and the outcome of the appointment. They agreed to look at the recording system to make this easier.

One visiting healthcare professional told us "I visited to help a person get their confidence back with their

mobility. I find I can talk to staff when I need to and they seem caring." The person who had received this support told us, "Staff have helped me see the physiotherapist to get my walking back, I can do it again now and I am so confident again. It really helped me."

Is the service caring?

Our findings

People told us they were happy and that the staff were caring. One person said, "Staff will do anything they can to help me." Other person told us, "Staff take on board how I want to be cared for, I am left to myself that is the way I want it" and "They (staff) always listen to me, they just understand." A relative told us, "Staff are lovely and my family member is very happy living at Sunningdale."

During the inspection we spent time observing staff and people who used the service. We saw staff interacting with people in a very caring and gentle way. Staff took time to listen to people and explain what was happening. Key staff knew people very well and were able to work alongside people as equals, which empowered people to make their own decisions and demonstrated staff respected people.

Observation of the staff showed they could anticipate people's needs. For example, we saw one staff member encourage a person to use the exercise bike and try to motivate the person to keep trying to use it and they explained why exercise was good for them.

Staff told us how they worked in a way protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. We saw this happen throughout the inspection. One person told us, "The staff know me well, they care for me and make sure I am safe. They always knock before they enter my room." This showed the staff team was committed to delivering a service which had compassion and respect for people.

The registered manager and staff we spoke with showed concern for people's wellbeing. This was evident regarding one person where staff had adapted the environment following them falling to ensure they could be supported in their own home. During discussions staff were able to describe people's personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people.

For one person staff were able to describe their concern for their well-being but explained they did not know how to intervene to support the person as they did for everyone else. This was partly because the person was new to the service and partly because they did not always have the time to respond to the person needs as they required support. The issues surrounding this person are outlined in the safe section of this report.

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure people received care and support in the way they wanted to.

Staff we spoke with said where possible they encouraged people to be independent; this included accessing the community, making choices around their own care and support and actively participating in cooking, cleaning and daily living tasks. Staff understood the importance of people taking control of their own support to promote independence.

At the time of the inspection a referral had been made for one person for an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

People we spoke with told us they felt staff knew them well and that they received the care and support they needed. One person said, "The staff know what I like and what I don't like, they understand that. That is nice." Another person told us, "I think the support I receive is how I want it."

However, people and their relatives told us progress towards achieving goals was directly linked to the number of staff available to deliver such support. One relative said, "My family member has aspirations to move on and I feel they need a lot more help to prepare for this." The registered manager explained the changes to staffing which had been made by day two of this inspection would help make this possible.

During our visit we reviewed the care records of three people. We saw all but one person's needs had been individually assessed and detailed plans of care drawn up. For one person the assessment which had been completed had not been transferred into care plans and risk assessments for staff to understand how to intervene to support the person effectively. We saw this meant staff were reluctant to intervene because they were not confident how to do this. The details around this have been explained within the safe section of this report.

Two of the care plans we looked at included people's personal preferences, likes and dislikes. People told us they had been involved in making decisions about care and support and developing the care plans. The care plans detailed how people wanted to be supported. This meant the care plans were person centred. One person said, "I am supported by the staff in the way I want and need." Another person said, "Staff listen about how I want to be cared for and take it on board. We found care plans for the two people were reviewed and updated on a regular basis.

The aim of the care plans was to ensure each person remained central to any plan which may affect them. We saw each person had goals outlined to work towards. Each goal focussed on either promoting maintenance of a person's skills, preventing deterioration of a person's mental health or to work towards achieving an aspiration and or developing new skills. People were able to talk to us about their goals, for example, giving up smoking, staying healthy, improving their mobility, going on holiday, moving to more independence.

The registered manager was able to describe the progress people had made towards their goals. A visiting healthcare professional told us how one person had successfully moved into the service and improved their skills enough to maintain positive relationships and look to moving to more independence in the future. We discussed with the registered manager how the records we looked at did not show the progress people had made which the people themselves were able to describe. The registered manager told us this was something they would review following the inspection.

People were supported to be as independent as possible to access activities and community facilities based on their own preferences. One person said, "I go out to see my friends, go to church. I like peace and quiet so I do not go in the lounge much, I just read my books in my room." Another person said, "I arranged my

holiday and the staff helped me arrange people to accompany me." The registered manager explained how they had supported one person to get ready for a night out in the local pub by dressing in their favourite clothes and wearing their jewellery. The person told us they had enjoyed this.

People were supported to access local friendship groups and support groups. Some of the people who lived at the service enjoyed close friendships and relationships and this was supported well. People were encouraged to maintain links with their relatives and friends where they chose to. People told us the staff had organised trips for them to local areas of interest during the summer which they had enjoyed.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. People were able to tell us they knew how to raise concerns. One person said, "If I needed to complain I would see the manager." We saw two verbal or informal complaints had been received in the past 12 months which had been dealt with appropriately.

Is the service well-led?

Our findings

At the inspection in July 2016 the provider had not ensured records for the management of the service were properly maintained. The registered provider had not ensured an effective system was in place to assess and monitor the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their service. The registered manager explained the changes they had implemented since the last inspection to improve the quality of the service. They were able to show us numerous checks which were carried out on a frequent basis which included checks on health and safety, medicines, infection control and accidents amongst other areas. We saw the provider's representatives had also completed checks in areas such as finances, health and safety and recruitment.

We discussed our findings with the area manager, area director and registered manager with regards to the lack of care plans for one person and the impact low staffing levels had on people's progress and wellbeing. Also, how records made by staff were not always recorded on the appropriate format or analysed effectively to understand people's changing or deteriorating needs. We discussed the on-going need for refurbishment and resources to maintain cleanliness. Although the provider's quality assurance arrangements had highlighted some of the issues, this had not always happened. On one occasion we saw the delay in the quality assurance system recognising concerns had come after the person's well-being had been impacted upon.

This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider responded swiftly following day one of the inspection and we were confident the changes they explained had been implemented would ensure continued improvements. The registered manager has updated us on progress regularly which demonstrates the commitment to ensuring improvement.

We discussed the challenges the provider had had since the last inspection which included the induction of the new registered manager, the need to develop the skills of senior staff and poor take up of applications to fill vacancies.

The new registered manager had been a positive addition to the service and people, their relatives and staff were very complimentary of the changes they had made for the better. One relative said, "The manager is lovely and very approachable and there if I need to talk to them. They really get on with my family member. Prior to them starting the place went really downhill and the new manager has done a really good job to get it right." A member of staff told us, "The manager is part of the team and hands on; the changes have been really supportive for us." One of the people who lived at the service explained, "The manager is there for me and I appreciate this."

The registered manager understood their responsibilities and took part in good practice forums with other providers alongside internal provider forums. This helped them maintain their knowledge and understand developments within social care which they could implement to improve practice.

We saw a survey had been carried out to seek the views of people and their relatives and the registered manager was waiting for the results to arrive. We saw people had regular opportunities to share their views in 'residents meetings' and staff had opportunity via team meetings. The registered manager was keen for people's opinions to be listened to ensure they received the service they wanted. Staff we spoke with understood this and we saw the culture was one of team work with a shared goal of supporting people to live the lives they chose. A relative confirmed to us they saw this approach too, they said, "Everyone seems to muck in. Staff are lovely and always seem to have a smile on their face."

When we asked people who used the service what the best thing about Sunningdale House was they told us it was the staff who supported them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment plans were not recorded effectively to provide staff with guidance on how to mitigate risk. Records were not always monitored or reviewed to demonstrate all that was reasonably practicable had been done to support people safely.</p> <p>Regulation 12 (1), (2) (a), (b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems were not effective enough to ensure people received a quality service which was safe.</p> <p>Regulation 17 (1) (2), (a), (b), (f).</p>