Eldercare (Halifax) Limited

Sun Woodhouse Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Sun Woodhouse Care Home (known to the people who live and work there as 'Sun Woodhouse') on 16 and 17 May 2017. The first day of the inspection was unannounced. This meant the home did not know we were coming.

Sun Woodhouse is a residential care home for up to 24 people. It consists of one building with two floors.

At the time of this inspection there were 15 people living at the home; three of these people were using the service for respite care.

Sun Woodhouse was last inspected in January 2017. At that time it was rated as 'Inadequate' overall. It was judged to be 'Inadequate' in domains of Safe, Effective, Responsive and Well-led, and, 'Requires Improvement' in the domain of Caring. Previously the home had been inspected in August 2016 when it had initially been rated 'Inadequate' overall and placed in special measures.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The home had a registered manager; she had registered with the Care Quality Commission (CQC) in April 2017. Prior to this there had not been a registered manager in post since April 2015. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in January 2017 we identified continuous breaches of the regulations relating to safe care and treatment, good governance and person-centred care. We also found new breaches of the regulations relating to consent and the registered provider's responsibility to report incidents to CQC.

At this inspection we identified continuous breaches of the regulations relating to safe care and treatment and consent. The other breaches from the previous inspection had been resolved.

We found carpeting in a communal area presented a trip hazard and the temperature of water in some people's bedroom hand basins was too hot. The registered manager and provider were quick to take action to manage both risks.

Mental Capacity Act 2005 assessments and best interest decisions for some people living with dementia were still not in place. Work to assess people's capacity in accordance with the Mental Capacity Act commenced the week following this inspection. There was no evidence people were being restricted or

received care that was not in their best interests.

Medicines were administered and managed safely at the home, although we identified one concern relating to how the application of people's topical prescribed creams were documented.

Risks to individuals had been assessed, and measures were in place to minimise them. This was an improvement from the last inspection.

People, their relatives and care staff told us sufficient staff were deployed to meet people's needs. Records showed the home's recruitment process was robust.

Care workers could describe how they ensured people were safeguarded from abuse and neglect. People told us they felt safe and their relatives agreed.

At the time of this inspection the home was clean, tidy and odour-free.

People who experienced behaviours that may challenge others received person-centred support from care staff. Triggers and distraction techniques were described in their care plans.

Appropriate referrals had been made for people at risk of weight loss and pressure ulcers. Care plans had been updated and daily records evidenced people were receiving the support they needed to minimise their risk. This was an improvement on the last inspection.

People and their relatives gave us positive feedback about the meals and drinks provided at the home. Care workers and kitchen staff were knowledgeable about people's food preferences and dislikes.

People told us, and records showed, they had access to a range of healthcare professionals to help maintain their wider health. People's relatives said staff at the home kept them updated when their family member had appointments or was unwell.

Staff told us, and records showed that they received the training and supervision they needed to provide people with effective care and support. All staff described the registered manager as supportive and approachable.

People and their relatives described the staff at Sun Woodhouse as caring. We observed numerous interactions between staff and people which were kind and respectful, and demonstrated staff knew people well as individuals.

People were well dressed and appeared well groomed. Care staff could describe how they promoted people's privacy and dignity, and people told us they could have a bath or shower whenever they wanted to.

People and their relatives had been involved in designing and reviewing their care plans. We saw people's personal histories had been used to individualise their care plans so staff could better meet their needs.

At the last inspection we identified a breach of the regulation relating to person-centred care, as people's care plans did not always reflect their current needs and preferences. This had also been a breach of regulation at the previous two inspections. At this inspection we found all but one person's care file had been fully revised and updated. The week following this inspection the registered manager confirmed the final care file had been updated.

People's care plans now contained information which was detailed and person-centred. Many contained photographs to illustrate the equipment people used or what their preferences were. Care plans had been evaluated monthly and daily records evidence people's assessed needs were met by care staff.

People told us activities were offered and they had enough to keep them occupied. Care staff provided activities in the afternoon and the registered manager had just employed a new activities coordinator to work 25 hours a week over five days.

Complaints and concerns had been investigated and responded to appropriately by the registered manager. Records showed action had been taken to make improvements as a result of feedback received.

A system was in place to assess potential new admissions to the home which ensured the needs of the new person, and those of existing people at the home, could be met if the admission went ahead.

At the last inspection in January 2017 we identified a breach of the regulation relating to good governance as the audit and monitoring systems in place did not include trend analysis or identify the concerns we raised with care plans and record-keeping. At this inspection we saw sufficient improvement had been made such that the breach had been resolved.

The registered manager and area managers for the provider had worked with staff to improve aspects such as care planning, documentation and communication. Care workers told us morale at the home was better.

The registered manager planned to stay at the home until all the required improvements had been made and a suitable replacement for her was found. This planned change in management meant the trajectory of continued improvement at the home may not be sustained in the long term.

People, their relatives and staff at the home had regular meetings with the registered manager and area managers for the provider. They were asked for feedback at this meeting about the various issues discussed.

Statutory notifications had been made and the ratings of the last CQC inspection were displayed at the home and on the provider's website, as is required by the regulations.

We found breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. We are currently taking enforcement action and will update the section at the back of this report once the process has concluded.

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.

A ridged carpet and hot water in people's bedroom hand basins posed a risk to people. The registered manager took action to address these concerns.

Medicines were administered and managed safely. We identified one concern relating to how the application of topical creams was recorded.

Risks to people had been assessed and care plans were in place which guided staff on how to minimise risk.

Is the service effective?

Requires Improvement

The service was not always effective.

The home was not fully compliant with the Mental Capacity Act 2005. This was a concern at the last inspection.

People received the support they needed to eat a good diet and gave us positive feedback about the food and drinks served at the home.

People had access to a range of healthcare professionals. Care staff received the support and training they needed to provide effective care.

Is the service caring?

Good

The service was caring.

People and their relatives described staff as kind and caring. Our observations throughout the inspection supported this.

Care staff actively promoted people's dignity and respected their privacy. We observed people and care staff laughing and joking together.

People and their relatives had been involved in the care planning process.

Is the service responsive?

Good

The service was responsive.

People's care plans had been updated and now contained person-centred detail about their needs and preferences.

Activities were provided at the home and people told us they had enough to do. A new activities coordinator had been employed to work 25 hours per week.

Records showed the registered manager had investigated and responded to complaints and concerns appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The home now had a registered manager. We saw improvements had been made to the home's audit procedures, culture and staff morale.

The registered manager was in place until a replacement could be found. Continued improvement in the long term could not therefore be assured.

People, their relatives and staff had regular meetings with management, and were encouraged to provide feedback.

Sun Woodhouse Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 16 and 17 May. The first day was unannounced. The inspection team consisted of two adult social care inspectors on the first day and one adult social care inspector on the second day. An adult social care inspection manager attended the feedback meeting with the registered manager and area managers at the end of the second day.

We did not ask the provider to update their Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included Healthwatch Kirklees, the local authority safeguarding team and the Clinical Commissioning Group. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not share any concerns with us. During the inspection we spoke with one healthcare professional who was visiting people at the home and we spoke with a second over the telephone after the inspection. The feedback we received about the service was positive.

We spent time observing care in the communal lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us.

During the inspection we spoke with four people who used the service, four people's relatives, three members of care staff, the registered manager, the area manager, and two members of kitchen staff.

As part of the inspection we looked at seven people's care files in detail and selected care plans from one

other person's care file. We also inspected three staff members' recruitment and supervision documents, the home's staff training records, four people's medicines administration records, accident and incident records, and various policies and procedures related to the running of the service.

Requires Improvement

Is the service safe?

Our findings

People at Sun Woodhouse told us they felt safe. One person said, "I feel safe here", and a second person told us, "I feel safe here and my things are too." Relatives agreed. Comments from them included, "They have a good security system. They don't give out the key code to visitors", "Definitely yes (my relative is safe). I've seen how cautious the girls (care staff) are", and, "[My relative's] safe, especially at night now."

At the last inspection in January 2017 we found not all risks to people had been assessed and managed. This was a continuous breach of the regulation relating to safe care and treatment we had found at the previous inspection in August 2016. At this inspection we found there had been much improvement. People had been assessed individually and now had risk assessments in place with care plans which described the measures in place to minimise those risks. We saw risk assessments for the use of bed rails and shower chairs, for falls and the use of moving and handling equipment. This meant the risks to people had been assessed and managed.

At the last inspection we identified one person who was assisted into a shower chair and then left by care staff to shower independently. There was no risk assessment in place for this. At this inspection we found there was now a risk assessment with control measures in place to ensure the person could shower safely whilst maintaining their independence. Two other people had risk assessments and care plans in place for their independent use of commodes. These were good examples of positive risk management in order to promote people's independence.

At this inspection we looked around the home and viewed records made of health and safety checks on the various facilities, utilities and equipment used in the building. Most aspects were in order, including gas safety, safety checks on moving and handling equipment, fire alarm checks and fire equipment checks. Up to date personal emergency evacuation plans were in place for each person, including the three people receiving respite care.

However, we did note the carpet in the communal lounge area was ridged in places and could present a trip hazard for people mobilising over it. We raised this with the registered manager. They told us the carpet had been steam cleaned the month prior to this inspection which had caused it to lift in places. The area manager arranged for the carpet to be re-fitted and we received confirmation this was done the week after this inspection. Accident and incident records evidenced no falls had occurred in the lounge area since the carpet had been cleaned; however, the risk had not been identified and addressed by the registered manager or provider.

Water temperature records showed the temperature of hot water in basins in some people's bedrooms, and in shared bath and shower rooms, w as at times higher than that recommended by the Health and Safety Executive (HSE) in health and social care settings. HSE guidance states hot water should not exceed 44°C where there is the possibility for full body immersion (bath and shower rooms) or where it can be accessed by vulnerable people. The maintenance worker had not realised thermostatic mixing valves (TMVs) should be adjusted if water temperatures went above 44°C . We raised this with the registered manager and the

maintenance worker immediately adjusted all the TMVs to 44°C. Shortly after the inspection we received records to show new documentation was in place and confirmation no people at the home had experienced scalds from hot water. This meant people had been placed at risk of scalding by hot water, although the registered manager and provider worked quickly to put measures in place to manage this risk once we had raised concerns with them.

Concerns around the risk of falls posed by the ridged carpet and by water temperatures in excess of HSE guidance were a continuous breach of Regulation 12 (1) and (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

At the last inspection in January 2017 we found improvements in the way medicines were managed at the home. All aspects were managed safely apart from one controlled drug which did not reconcile with recorded stock levels. Controlled drugs include medicines such as strong pain-killers and have special storage requirements because they can be subject to misuse. At this inspection we found all medicines we checked, including controlled drugs, reconciled with recorded stock levels. The home had a system in place for the ordering, checking and returning of medicines, which included taking forward existing stock levels.

We observed one medicines round. The senior care worker administered people's medicines from pre-filled dosettes and boxes or bottles. We saw they checked each person's medicine administration record (MAR) prior to giving the person their medicines and then signed the MAR afterwards, in accordance with good practice. We observed the senior care worker supported people to take their medicines in a person-centred way and asked people if they needed their prescribed 'when required' medicines, such as pain-killers or laxatives. Records included care plans for each 'as required' medicine to guide care staff in their safe and appropriate administration.

People's MARs had been signed to show they had received topical creams and lotions prescribed by their GPs. Senior care workers told us they applied people's medicated creams and lotions, such as topical pain-killers, eye drops and steroids, whilst care workers assisting people with personal care applied people's prescribed moisturisers and barrier creams. Senior care workers told us they asked care workers during the shift if people's moisturisers and barrier creams had been applied and then signed the MAR. This is not good practice, as the staff member administering a medicine should sign the MAR to confirm it has been given.

At the last inspection topical MARs were in place in people's daily records for care staff applying people's creams to sign. The registered manager told us the system had changed since January 2017 as they had found the topical MARs were not always completed which meant the home could not evidence people were receiving all of their prescribed medicines. At this inspection care workers told us they applied people's prescribed creams. People we spoke with told us care workers applied their creams for them. We saw part used bottles of prescribed creams in people's rooms which had been dated upon opening which evidenced people's creams were being used. This meant people were receiving their topical creams, however the recording system in place could not evidence which care worker had applied them. During the inspection the registered manager and area manager put topical MARs back in place for care workers to sign. The registered manager tasked senior care workers with checking them every shift and said she would also maintain daily oversight until she was sure it had become established practice.

Staff at the home had worked hard to improve medicines administration and management practice. We saw all senior care workers were involved in checking or auditing some aspect of medicines management at the home. One senior care worker had liaised with local GPs and pharmacies to improve the level of detail on MARs, particularly for topical creams, to ensure care workers received the instructions they needed to administer people's medicines correctly. This meant most aspects of medicines management at Sun

Woodhouse had continued to improve.

People told us they thought there were enough staff deployed at the home, although they were busy at times. One person said, "There's always someone around. You never wait long", and a second commented, "They're short-staffed sometimes. They're busy at dinner times. They come when you need help." Their relatives agreed. Comments included, "Usually (enough staff). Very occasionally I'll come and I'll need to find someone to help [my relative] to the toilet. [They're] never waiting for long", "There's always been plenty of staff when I come", and, "Even when it's busy the residents still get what they need."

Care staff also told us there were enough staff on each shift to support the people at the home. One care worker said, "We're fine for staff now. We have a few more bank staff", and a second commented, "Yes, it's fine."

At the last inspection in January 2017 we found staffing levels had improved since the previous inspection in August 2016. At this inspection we found staffing levels were the same. Day shifts were staffed by one senior care worker and two care workers, and night shifts by one senior care worker and one care worker. The registered manager used a dependency tool to calculate the level of support people needed and how many staff hours this corresponded to. We reviewed staffing rotas for the four weeks prior to this inspection and found all shifts had been fully staffed. Our observations and feedback from people and their relatives showed sufficient staff were deployed to meet people's needs.

We inspected recruitment records for three care staff recently employed by the home. Records evidenced all the correct checks had been made to ensure staff were suitable to work with vulnerable people.

Care workers we spoke with could describe the different types of abuse people they supported might be vulnerable to and the signs they watched out for. All care workers told us they would report any concerns to the registered manager or another more senior member of staff. One care worker told us, "I would whistle-blow. I'd go to my manager and they'd safeguard it." Records at the home showed any concerns about people had been raised with the local authority safeguarding team and reported to the Care Quality Commission as required. This meant the home had measures in place to safeguard people from abuse.

People and their relatives told us they thought the home was clean. Comments included, "Oh definitely, yes. They're always cleaning", "Yes, it's as clean as it can be", and, "It is clean. They are doing decorating in the home at the moment."

During the inspection we checked communal bath and shower rooms, including the equipment used, in people's rooms (with their permission), the kitchen and communal areas. We found the home to be clean and free from offensive odours and observed domestic staff cleaning during both days of inspection.

Requires Improvement

Is the service effective?

Our findings

People told us they thought care staff had the skills and experience to meet their needs, and their relatives agreed. One person said, "They help me if I ask them", and a relative commented, "They know what they're doing."

At the last inspection in January 2017 we identified a breach of the regulation relating to consent, as the home was not fully compliant with the Mental Capacity Act 2005 (MCA) as people's capacity to consent to their care and treatment had not been assessed.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

As at the last inspection, we found documentation relating to the assessment of people's mental capacity to consent to living at Sun Woodhouse and any subsequent applications for DoLS was in place. This was still the case at this inspection and none of the DoLS authorisations we inspected contained conditions for the home to abide by.

Assessments of capacity to consent to other aspects of care and treatment for those living with dementia and known to have difficulty making decisions were still not in place . All but one person's memory and understanding care plans had been updated; these stated whether people had full capacity to make all decisions or had problems with their memory due to dementia or other diagnoses. The registered manager told us she had prioritised the improvements needed to documentation, and had chosen to focus first on putting risk assessments in place and making people's care plans detailed and person-centred. At the time of this inspection she had already spoken with the area manager about MCA and best interest decision documentation and sought examples of good practice from another registered manager for the same provider. A meeting had been scheduled to take place between the registered manager, area manager and care worker skilled with care planning documentation the week after this inspection to start reviewing people individually and identify which aspects of their care required a MCA assessment. They also planned to request evidence of any Lasting Power of Attorney held by people's relatives in order to establish what role relatives could play in any best interest decision-making.

We asked people, including those with variable capacity to make decisions, if they could make decisions for themselves or if their rights were restricted in any way by staff. One person told us, "I make my own

decisions. I can get up and go to bed when I like", and a second person said, "If I want a shower I have one. I do what I want to do." A third person told us staff always asked them for consent, commenting, "Are you ready to get up [name]? That's what they say."

The records of two people with variable capacity to make decisions showed decisions to fit bedrails to their beds had been agreed with their relatives but there was no MCA assessment completed to determine whether or not either person could consent. This was a finding at the last inspection. We asked both people if they were happy having bedrails fitted to their beds. One person said, "I'm happy they're there", and the other told us, "I feel safer with them, I can't fall out."

Care workers we spoke with could describe how the MCA and DoLS affected the people they supported. They gave us examples of providing people with choices to support them to make their own decisions regarding food, activities and clothing. Throughout the inspection we observed people asking for support and receiving it, and care workers giving people options to choose from.

We found no evidence people were being restricted or that decisions had been made for people which were not in their best interests. However, failure to comply fully with the MCA was a continuous breach of Regulation 11 (1) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Some people living at Sun Woodhouse at times experienced behaviours that may challenge others as a result of their dementia diagnoses. One care plan for this aspect we saw was detailed and person-centred, and incorporated information from the person's personal history as suggested conversation topics for distraction when they became upset. Another person's relative told us care staff had asked them to explain why their family member sang certain songs. We saw this information had been included in the person's care plan, and the relative told us care staff sang the songs the person liked to calm them down when they became upset. These were examples of good practice for supporting people who experience behaviours which may challenge others.

At the last inspection in January 2017 we raised concerns around the referral of a person to the dietician regarding their weight-loss; a referral had been made but staff at the home were unaware it had been rejected as incomplete because the response had been misfiled. Two other people had also received advice from the dietician due to weight-loss; this advice had not been incorporated into their care plans and food and fluid charts showed it had not been followed. One of these people's skin integrity care plans had not been updated with advice from community nurses. Together these concerns constituted a continuous breach of the regulation relating to safe care and treatment, as they had also been identified at the August 2016 inspection.

At this inspection we found these concerns had been addressed. The first person had seen the dietician and gone on to gain weight. The other two people's care plans had been fully updated and food and fluid charts showed they were being followed. The person at risk of pressure ulcers' care plan had been revised and updated to include the correct information, and repositioning charts showed it was being followed.

Care staff we spoke with at this inspection could list the people whose skin integrity was at risk and who needed special cushions and mattresses to reduce their risk of developing pressure ulcers. Throughout the inspection we observed people's pressure cushions went with them as they were supported to move around the home. This meant people were receiving the pressure area care they needed.

Care staff could also identify people at nutritional risk and describe the measures in place to help them gain weight, for example, by fortifying their diets. Food and fluid charts evidenced people at risk of weight loss ate

foods containing butter, cream, cheese and full fat milk, and those referred to GPs or the dietician received supplements if they had been prescribed. This meant staff at the home helped people manage their nutritional risk.

At the last inspection in January 2017 we identified a breach of the regulation relating to good governance as the food and fluid charts of people at nutritional risk had not been completed properly. This was a concern raised at the previous inspection in August 2016 and was therefore a continuous breach of regulation. At this inspection we found food and fluid charts were much improved. The amount of food people had been offered was now recorded which meant it was possible to determine how much people had actually consumed. This meant the concerns had been addressed and people's food and fluid charts were now meaningful

People told us they enjoyed the food and drinks provided at Sun Woodhouse and had plenty of choice. One person said, "I get to eat things I like", a second commented, "The food satisfies me. I have enough", and a third told us, "The food's always good here. Plenty of choice." People's relatives were also complimentary about the food. One relative said of their family member, "[They] seem well fed. [They] wolfed down their dinner today", and a second told us, "I think [my relative's] put weight on since [they've] been here. [They've] been eating well."

We observed people were given meal options to choose from, although they could still change their mind when the mealtime arrived. One person told us, "If I don't like it I tell them and they bring me something else. They'll ask me what I'd like if I have anything. This morning I said 'eggs and bacon.'" We saw the person had just finished a plate of eggs and bacon. A relative told us their family member had experienced problems when they were first admitted as they were presented with foods they did not like. The relative told us they informed the registered manager of this and things had much improved. Staff we asked were knowledgeable about this person's food preferences and a list was on the wall in the kitchen to remind staff.

During the inspection we observed lunch when people received their main hot meal of the day. Tables were set with table clothes, cutlery and condiments. People were offered a choice of hot and cold drinks and we noted food portions were generous. Care staff helped people with napkins and asked if people had enjoyed their meals or wanted more. Assistance with cutting up food was offered respectfully to those that needed it. After pushing back an empty pudding bowl one person was heard to say, "That was lovely – absolutely beautiful." This meant staff at the home tried to promote a pleasant dining experience.

People had access to drinks and snacks between meals. Jugs of juice and a range of crisps and confectionary was always available in the communal lounge for people to help themselves and a trolley of hot drinks and homemade baked goods made regular rounds.

We spoke with two staff in the kitchen during this inspection. They had excellent knowledge of people's nutritional needs and preferences, and could describe how they adjusted people's foods to suit their assessed needs, for example, for those with diabetes or at risk of weight-loss. Records showed checks on foods and food storage equipment had been made, and we saw plenty of food, including fresh fruit and vegetables, was in stock. The kitchen was also clean and tidy.

People told us staff called the GP or other healthcare professionals when they needed them. One person said, "Oh yes, they look after me and call the doctor if I'm not well." Relatives also told us their family members had access to healthcare professionals and were always kept up to date by care staff. One relative told us, "They keep me informed if there's been any changes or appointments", and another described staff as, "Really on the ball", in terms of this aspect of their family member's care.

People's records evidenced they had seen GPs, community nurses, dieticians, speech and language therapists, dentists, opticians and members of the Care Home Support Team. During handover meetings between staff we heard people's upcoming appointments were discussed. One healthcare professional we spoke with about the home told us, "They do follow advice. I've got no concerns or issues", and a second said, "If they have concerns they do ring us up." This meant staff at the home supported people to maintain their wider health.

At the last inspection in January 2017 we found staff access to training and supervision had improved. At this inspection we found this had been maintained. The home's training matrix evidenced which courses staff had attended and when they expired. A training manager for the registered provider kept track of this aspect of staff development and notified staff when training courses had been booked for them. Care workers told us, and we saw, this information was displayed on the wall of the care workers' office. No care staff new to health and social care had been employed since the last inspection.

The home's training matrix showed staff had completed a range of essential courses such as first aid, safeguarding, fire safety, manual handling and infection control. Care staff had also undertaken other courses relevant to their role, including dementia awareness, care planning, person-centred care and MCA/DoLS . This meant staff had completed the training they needed to meet people's needs.

Care staff told us they thought the registered manager was supportive and approachable. One care worker said of supervision, "I like people to give me feedback so I can progress. I can raise any concerns I have too."

Supervision records showed care staff had continued to receive supervision since the last inspection. The home's supervision matrix had been amended to ensure each care worker received six supervision sessions per year according to the provider's policy. Annual appraisals had been planned to start at the end of May 2017; the registered manager commenced work as the home manager in January 2017 and told us she wanted to get to know staff before starting appraisals. This meant staff at the home received the support they needed to provide effective care.

Good

Is the service caring?

Our findings

All the people and relatives we spoke with told us the staff at Sun Woodhouse were kind and caring. Comments included, "They're definitely caring. They're always good natured", "They're very, very caring, that's one thing I've noticed", "The staff are kind. I've never met any staff that weren't nice", and, "They've gone out of their way to make [my relative] feel comfortable." A healthcare professional who visited to home told us, "I feel the patients (people) are well cared for."

Staff at the home could describe people's likes, dislikes and preferences, and spoke about people with affection. We saw care staff responded promptly to requests from people to fetch drinks and clothing or blankets, and frequently sat with people to chat during the day. People's relatives were welcomed to the home and offered drinks and snacks from the trolley. We observed the registered manager introducing herself to the relatives of a person newly admitted to the home; she also invited them to stay for lunch. After she had gone one relative commented, "That was nice, wasn't it?"

We saw one care worker notice a person was falling asleep with a cup of tea in their hand; they approached the person and gently said, "Hey sleepyhead, watch your tea. Do you want me to put it on the table for you?" The person laughed and smiled. Another person living with dementia liked to go into the office and sit with the registered manager; they did this while we were there. The registered manager welcomed the person, offered them a choice of snacks and invited them to sit down. A care worker noted another person had food around their mouth. We saw they offered the person a wet-wipe and politely suggested they used it to, "freshen up" their mouth. This showed care staff anticipated people's needs and sought to meet them in a respectful way.

We observed examples of humour and banter being exchanged between people and staff during the inspection, and regularly heard laughter. One person told us, "I have laughs with the staff." On the second day of inspection one person and a care worker were dancing in the lounge; the registered manager came into the room and asked the care worker a question. The person responded, "Stop interrupting!" to which the registered manager apologised and all present laughed.

Records evidenced the support provided to a person whose spouse had died shortly before this inspection. We saw they had an extra support care plan in place for staff to follow, had been placed on food and fluid monitoring, and had received a visit from a representative of their chosen church to discuss their bereavement. This showed the home took steps to ensure people received the person-centred support they needed.

We observed people looked clean and tidy with their hair brushed, and were dressed in well-fitting clothes appropriate for the time of year. People's relatives told us care staff promoted people's dignity. One relative said, "[My relative's] usually tidy and has had a shave", and a second said, "[My relative's] always well presented." All the people we spoke with told us they could ask to have a bath or shower whenever they wanted one; records confirmed people had baths or showers at least once or twice a week, sometimes more often. This meant care staff supported people to maintain their dignity.

Care staff could describe how they respected people's privacy by knocking on their bedroom doors, and by closing doors and curtains when assisting people with personal care. We heard the maintenance officer asking a person's permission to go upstairs and enter their bedroom to undertake health and safety checks, and observed care workers knocking on people's doors prior to entering. Care workers offering support to people with their continence did so discreetly, thereby respecting people's privacy and dignity.

We observed examples of care staff supporting people to remain independent. One person with sight problems used a plate guard which prevented food from falling off their plate; we saw the care worker put this person's cutlery in their hands and direct them towards the plate so the person could eat independently. Care workers supported other people to mobilise independently using respectful praise and words of encouragement. People's updated care plans contained information which detailed what they could do for themselves, in addition to the support they required. This meant people's independence was promoted by staff.

We saw all people at the home now had detailed life histories in place; these were stored at the front of their care files for care staff to view. People told us they had been asked about their care and support needs; relatives said they had also been asked to contribute to care planning. Comments included, "They ask me what I like and how I want things", "They've asked me to look through the care plans and sign at the end if I was OK with it", "[Another relative] has been involved in planning [my relative's] care. They asked [the other relative] what [the person] liked", and, "They've spoken to [my relative] and to us about [their] care plans. We're all up to date with that. They said 'anything you don't agree with we can change or add.'"

As part of the review and update of care plans since the last inspection, some people with capacity to make decisions had seen and signed their care plans, or had delegated this to their relatives. The registered manager was reviewing the paperwork used to evidence how people who lacked capacity to make all their decisions had been involved in their care planning as part of their work to put Mental Capacity Act 2005 assessments and best interest decisions in place. This meant people and their relatives were involved in planning people's care.

We saw one person's personal history had been used to individualise their care plans to include their cultural needs. For example, their nutrition care plan included detail about the culturally appropriate foods they preferred; their communication care plan guided staff on how to communicate effectively with the person as English was their second language; and the person's personal care plan described the clothing the person preferred to wear.

The registered manager told us she was planning a party in summer 2017 to celebrate the different cultures represented by the people and staff at Sun Woodhouse. This was to include Caribbean, Asian and British foods. This showed the registered manager promoted an open and inclusive culture at the home.

At the last inspection in January 2017 we found a folder in the reception area containing 'future wishes' (or end of life) care plans with a note asking people's relatives to complete them. When we questioned whether it was appropriate for this information to be located in a communal area, the care team leader in place at that time agreed it was not and removed them, although advised us it was perhaps a misguided attempt to involve people's busy relatives and ensure care plans were personalised.

At this inspection we saw two people's future wishes care plans which had been reviewed, updated and had been signed by them. Relatives we spoke with had been asked for information about their family member's end of life wishes. The future wishes care plans of people living with dementia were due to be updated by the registered manager when people's mental capacity had been assessed. One person who was thought to

be approaching the end of their life and their family had been visited by the Care Home Support Team to discuss their wishes. We saw the registered manager had used the information to create a future wishes care plan for the person.

No one was receiving end of life care at the time of this inspection so we asked care workers to describe good end of life care. Replies included, "Keeping a person comfortable, regular checks, mouth care, repositioning and making sure creams are applied", and, "We make sure the person is comfortable. Oral hygiene is really important in end of life care. Pressure relief and encouraging fluids. We do more regular checks." This meant care workers could describe the most important aspects of end of life care.

Good

Is the service responsive?

Our findings

People told us the care staff at Sun Woodhouse knew them well as individuals and how to meet their needs. They also felt able to feedback about the care they received. One person said, "I'd tell them if I wanted to change things", and a second told us, "I would tell them if there was something that bothered me. I'm sure they'd do it differently."

At the last inspection in January 2017 we identified a breach of the regulation relating to person-centred care, as people's care plans were not always relevant to them and had not been updated when their care needs changed. This was a continuous breach from the inspection in August 2016.

At this inspection we found most people's care plans had been updated. They were now detailed and person-centred, containing information on what people could do themselves as well as the support they needed from care staff. We found examples of when changes to people's health or care needs had triggered a care plan review or update, and we saw short term care plans in place for issues such as a skin infection and a recent bereavement. The registered manager had also changed the procedure for care planning at the home, so that care plans were now typed on the computer and printed. This made them much easier to review and amend them when required.

People's care plans now contained detailed information about their care and support needs, as well as instructions for staff about the person's likes, dislikes and their preferred way of doing things. For example, one person's personal hygiene plan described their bathing routine, including what order they liked to do things and what they could manage themselves. The plan also described which outfit the person liked to wear when they went on trips out of the home. Another person's personal hygiene plan file contained a photograph of them showing the way they liked their hair styled. A third person's continence care plan contained photographs of the continence support equipment they used. Other people's skin integrity care plans contained photographs of their air mattress pumps, showing the right settings, as well as pictures of the pressure relieving cushions they used. This meant the level of person-centred detail included in people's care plans was much improved.

On the first day of inspection we found two of the 15 care files had yet to be updated; by the end of the second day only one was left to do. The registered manager told us they had prioritised the care files so that people with more complex needs and those on respite would have theirs updated first. A care worker skilled at care planning had been employed on a supernumerary basis to update care plans with the registered manager and was due to complete the last care file the week following this inspection. The care file left to do was for a person who had lived at the home for several years and whose needs were well known to staff. We spoke with the person during the inspection; they told us they were very happy with the care and support they received. This meant the care file review was almost complete and the breach of regulation was now resolved.

People's care plans had been evaluated on a monthly basis. Daily records, medicine charts, repositioning charts and food and fluid charts showed people were receiving the care and support described in their care

plans. Throughout the inspection we observed people asking care staff for support and receiving it promptly and respectfully. We also saw care workers anticipating and meeting the needs of people who were unable to voice their needs to them.

People told us they took part in activities at the home and had enough to do. One person said, "I like to read a book or the paper and talk to people nearby. I'm not bored; if I was I'd find something", and a second person told us, "We do things then we go and relax. I've got enough to do." The registered manager had displayed recent photographs on the walls of communal areas of people enjoying a visit by various animals and a chair exercise session.

Care staff provided activities for two hours each afternoon and one member of staff worked a day a week doing activities at the home. We saw activities included games, films, music and one-to-one chats with people. At the time of this inspection the final recruitment checks were being carried out on an additional activities coordinator who was to be employed five hours each weekday. The last provider audit stated this would be in addition to the one day a week the existing staff member did. Minutes of residents' and relatives' meetings showed the level and type of activities offered at the home was a regular agenda item and feedback was sought from attendees. This meant activities provision was set to increase further at the home and people were asked what they wanted to do on a regular basis.

A relative whose family member preferred to stay in their room described how the registered manager and other staff had encouraged the person to come downstairs and sit in the office for a chat. Records also showed the person had been encouraged to use a vacant bedroom near theirs during the day for a change of scene. At a residents and relatives' meeting two people had fed back they wanted the opportunity to take part in domestic tasks around the home. A care worker told us both people now helped to fold laundry, set tables and wash cups, and we saw this was reflected in their care plans. This meant activities provided were person-centred and people were actively encouraged to participate in the running of the home.

People and their relatives told us they would feel confident to report any complaints or concerns to the registered manager or to other members of care staff. Comments included, "I'd speak to [the registered manager]. I'd be happy to do that, she's approachable and usually here when I come", and, "I'd speak to [senior care worker] or [the registered manager] if I was worried and wanted to change something."

One formal complaint had been received at the home since the last inspection in January 2017. Records showed the registered manager had investigated and responded to the complaint appropriately. The home's complaints log also contained various concerns raised by a person's relative at a residents' and relatives' meeting in January 2017. We saw the registered manager had recorded and investigated each concern as an individual complaint and taken action to resolve the issues accordingly. She had also written a letter to the relative to thank them for providing feedback and to explain what action she had taken. This meant the registered manager managed complaints and concerns appropriately.

After the inspection in August 2016 we asked the registered provider to halt admissions to the home on a voluntary basis and then restart admissions at a set rate until improvements had been made. This agreement continued to the January 2017 inspection and remained in place at the time of this inspection.

The registered manager told us potential new admissions to the home were assessed by either her or one of the senior care workers. She said, "We go and see them wherever they are or invite them in with their family for a meal or cup of tea." The assessment included an evaluation of people's needs in terms of their mobility, health care needs, medicines and any behaviours that may challenge others. The registered manager explained some recent potential admissions had been refused as she wanted to be sure the home

could meet all of a new person's assessed needs without compromising care to the people already living at Sun Woodhouse. She told us, "We're being selective until the home is better and the paperwork is in order." This meant the home had an effective system of admission assessment in place which considered the needs of existing service users.

Requires Improvement

Is the service well-led?

Our findings

All the people and relatives we spoke with told us Sun Woodhouse was well managed. Comments included, "The home is well run. It seems very good care-wise", "I think it's all right", "I think it's well run. Nothing's perfect is it, but I'm happy. I'm content to be here", and, "I think they're all really conscientious."

Care workers commented on the change in culture and staff morale since the registered manager came to the home at the time of the last inspection in January 2017. One care worker said, "It's always felt like a happy family. I think the team morale is better", a second care worker told us, "Everyone wants it to succeed – if they don't they're in the wrong job", and a third said, "Everything's changed! We're all much better and on top of everything. Documentation and communication has improved. Things run more smoothly." A healthcare professional who visited the service agreed, commenting, "I think it's a nicer atmosphere now."

We found improvements had been made at the home since the last inspection, although there was still work to do. The registered manager and both area managers told us they had involved the care staff in making improvements at the home. Minutes of regular staff meetings showed care staff had received guidance around care plan evaluation and updating, record-keeping, professionalism and communication. Care workers had also been asked by management for their feedback. One care worker told us, "Now at staff meetings there's more discussion. [The registered manager] asks us what we think." This meant the registered manager and provider had included care staff in the improvement process by emphasising their roles and responsibilities.

The registered manager told us she had transferred a senior care worker from another of the registered provider's home to help support her to make improvements at the home. Half of the senior care worker's contracted 40 hours per week were supernumerary, their role being to oversee and supervise other care staff, monitor the quality of record-keeping, to check people's rooms were clean and tidy, and to improve medicines management. One care worker told us, "I've learned a lot from [the senior care worker]", and a healthcare professional who visited the home said of them, "[They're] on the ball." This meant the provider had put measures in place to ensure improvements to the home were made.

The current manager at the home started at the time of the last inspection in January 2017. They became registered with the Care Quality Commission (CQC) in April 2017. Prior to this the home had been without a registered manager since April 2015. The registered manager and both area managers told us it was not planned for the registered manager to stay at the home on a permanent basis; she was to stay until the home had improved and a suitable replacement could be found. The area managers stated any new home manager appointed would work alongside the registered manager so a full handover could be provided and the new manager's competency established. Leadership at the home had therefore improved, although another change in management was planned. This meant the continued trajectory of improvement and sustainability of improvements already made could not be guaranteed.

At the last inspection in January 2017 we found a breach of the regulation relating to good governance as audits used to monitor the safety and quality of service at the home did not include trend analysis and had

failed to identify issues with out of date care plans and poor quality record-keeping. This was a continuous breach from the previous inspection in August 2016.

At this inspection we found there had been much improvement in the scope and quality of audit and monitoring at the home. The registered manager completed a range of audits and checks on a monthly basis, including medicines, changes in people's weight, pressure ulcers, care plans, and equipment. Accidents and incidents were analysed for trends using a special tool and records showed dialogue between the registered manager and an area manager each month about any accidents or incidents at the home and the actions taken.

Each audit now had an action plan so it was now possible to see how audit had been used to make improvements to the home. For example, monthly checks on pressure cushions in February and April 2017 had led to four cushions being replaced due to damage or odour. In addition, the home had an action plan which included issues identified by in-house audits, as well as any other concerns or findings raised by stakeholders such as the local authority infection prevention and control team and contracts monitoring team, and from the last CQC inspection. This meant the audit system at the home had improved and the breach of regulation had been resolved.

Two area managers had been supporting the registered manager to make improvements to the home, although one took a lead role and this had changed three weeks prior to this inspection. The registered manager told us she felt well supported by the registered provider and both area managers; she commented, "I can call them (both area managers) or text them anytime – day or night." Records showed an area manager had conducted inspection and audit visits at the home on a regular basis since the last CQC inspection. These visits had involved speaking to people and staff, checking audits, reviewing care plans and medicines records, and observing medicines rounds. Actions identified were added to the home's overall action plan. The area manager with direct responsibility for the home told us, "My role is overseeing and supervising. They put my (audit) findings in their action plan. I expect the plan every Friday for me to review." This meant the registered provider had oversight of the home and was supporting the registered manager to make improvements.

Residents' and relatives' meetings continued to be held on a monthly basis at the home. Dates of forthcoming meetings were displayed on a noticeboard in the entrance foyer. Minutes from recent meetings showed attendees had discussed the outcome of the last CQC inspection, staffing levels, activities, the four-weekly menu and planned improvements to décor at the home. At the April 2017 meeting the registered manager had suggested spending money raised by an Easter raffle on a garden bench for people and their relatives to use; this had been agreed by those attending. This meant the registered manager involved people and their relatives in decision-making at the home and sought feedback about the service provided.

Under the regulations registered providers are required to report specific incidents to CQC. Notifiable incidents include safeguarding concerns, police call-outs and serious injuries. At the last inspection in January 2017 we found notifications for Deprivation of Liberty Safeguards (DoLS) authorisations which had been approved by the supervisory body had not been made. Since the last inspection the registered manager had sent notifications for those people with DoLS, and for all other incidents as required by the regulations. This meant the breach of regulation had been resolved.

Under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, registered providers have a legal duty to display the ratings of CQC inspections prominently in both the care home and on their websites. At this inspection we saw the ratings from the last inspection were displayed in the home's foyer and on the provider's website. This meant the provider was compliant with the regulations.