

Laudcare Limited

Sunnymead Manor

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?

Requires improvement



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 2 February 2015 and was unannounced. The previous comprehensive inspection took place on 23 April 2014. There were nine breaches of the legal requirements at that time. These related to:

- People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. Records were not kept securely and could not be located promptly when needed.
- People's privacy, dignity and independence were not respected.

- People were not cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.
- The provider had a system to regularly assess and monitor the quality of service that people receive but this was not effective.
- People who use the service were not protected from the risk of abuse because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.
- People had their comments and complaints listened to but their concerns were not acted upon.

Summary of findings

- People were not protected from the risks of inadequate nutrition and dehydration.
- Care and treatment was not planned or delivered in a way that ensured people's safety and welfare.

In addition to this we took enforcement action and a warning notice was served in relation to Regulation 12 as we found people were not protected from the risk of infection because appropriate guidance had not been followed. People were not cared for in a clean, hygienic environment. A focused inspection was undertaken on the 15 July 2014 in relation to the warning notice and found the provider had met the legal requirements in relation to Regulation 12.

Improvements had been made in some areas, but new improvements were needed following this inspection to meet the regulations.

Sunnymead Manor is registered to provide accommodation and personal care with nursing for up to 76 older people across two floors. The upper level of the home provides care and support to people living with a form of dementia.

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

At the time of our inspection there were 52 people using the service and some people told us what it was like to use the service. People's comments included: "Staff are all lovely, kind and considerate, I think of them as my friends"; "Staff are lovely, they look after me well"; "Staff are very good to me". For other people that were unable to verbally express their views, we spent time in shared areas to observe the care that was being provided.

People's medicines were not always managed and administered safely. Some records were not fully completed and the organisations policy and guidance in administration was not always followed by staff.

Although staffing levels were sufficient on the day of our inspection as people's need were responded to quickly. We observed some people did not receive sufficient

interaction. We were told a dependency tool was used to assess the level of staffing that was required. We were told this was adjusted according to people's needs on a weekly basis.

Staff received training and understood their obligations under the Mental Capacity Act 2005 and how it had an impact on their work. Within people's support plans we found the service had acted in accordance with legal requirements when decisions had been made where people lacked capacity to make that decision themselves.

Staff had attended Deprivation of Liberty Safeguards training (DoLS). This is legislation to protect people who lack mental capacity and need to have their freedom restricted to keep them safe. One person in the home was subject to a DoLS authorisation. All documentation was appropriately completed that protected the person's human rights.

We found the provider had systems in place that safeguarded people. People we spoke with told us "the usual staff are good and know me well. Sometimes we have agency staff and I don't feel so safe". Another person told us, "I do feel safe living here, it is safer than at home" and "if I didn't feel safe with staff I would tell [name]".

Safe recruitment procedures were in place and followed by the registered manager. People did not work at the service until appropriate checks were made.

The provider had ensured that staff had the knowledge and skills they needed to carry out their roles effectively. Training was provided about current practice guidance and staff we spoke with were knowledgeable about people's needs. One member of staff told us how they were being supported to undertake further development training that would enhance their role and they would share this with the rest of the team.

Where risk to people's well-being were identified, the care plans provided information to staff on how to minimise the risks. People at nutritional risk had food and fluid charts and turning charts in place. However we found some inconsistencies in their completion.

Summary of findings

People received and were involved in reviews of their care needs to ensure that staff had up to date information about how to meet their. The care reviews also ensured the care plans continued to effectively meet people's needs.

Staff meetings and registered manager meetings took place with the operations manager on a regular basis. Minutes were taken and any actions required were recorded and actioned.

Quality and safety in the home was monitored to support the registered manager in identifying any issues of concern. People were asked their views each time they used the service and at any reviews of their care and support needs so they could express their views and opinions about the service,

There were systems in place to obtain the views of people who used the service and their relatives. A board in the communal areas of the home showed what the service had done with people's comments and detailed any changes to the service that had been made in response.

We found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which now correspond to breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

One person's critical medicine was not supplied in line with their prescription.
The organisations policy and guidance was not always followed.

Safe recruitment processes were in place that safeguarded people living in the home. Robust checks we made before people started working in the home.

Staff were aware of how to identify and report suspected abuse in line with the provider's policy and told us they would no hesitation to report concerns.

Requires improvement



Is the service effective?

The service was not always effective.

Some people's care records were not always maintained accurately and completely to ensure full information was available These included food and fluid records, medications and reposition records.

Staff received training in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training (DoLS) and demonstrated a good understanding.

Requires improvement



Is the service caring?

The service was not always caring.

Not all staff knocked before entering people's rooms. Some people did not receive interaction from staff. We recommend the provider reviews the person centeredness approach to care and support with staff.

People's risk assessments were reflective of their current needs and had been reviewed regularly.

We observed some caring and supportive interactions from staff and the majority of comments that we received from people and their relatives were positive in relation to staff approach.

Requires improvement



Is the service responsive?

The service was responsive.

People and their relative felt staff had a good understanding of their needs.

People's ongoing health needs were managed and responded to. The service worked with external professionals to enhance the service that was offered.

The provider had systems in place to receive and monitor any complaints that were made. People told us they knew how to make a complaint.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager had returned the Provider Information Return (PIR). This gave key information about the service. The details contained written by the registered manager were confirmed by people we spoke with.

People spoke positively about the management of the home. People told us the registered manager was approachable and visible in the home on a daily basis.

Staff told us they felt supported by the manager and received supervision regularly.

A quality assurance system was in place that supported the registered manager highlight any improvements that needed to be made.

Good



Sunnymead Manor

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 2 February 2015 and was unannounced. The inspection was undertaken by three inspectors and two experts 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.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some information

about the service, what the service does well and improvements they plan to make. We reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people who used the service were able to tell us of their experience of living in the home. For those who were unable we made detailed observations of the interactions between staff in communal areas. On the day of our inspection we spoke with 19 people that used the service, 13 members of staff and 12 relatives. We also spoke with two senior managers from the organisation.

We reviewed the care plans and associated records of six people who used the service and reviewed documents in relation to the quality and safety of the service, staff training and supervision. We also made observations in shared areas to see how staff interacted with people.

Is the service safe?

Our findings

We looked at the arrangements for looking after people's medicines on each floor of the home. This included looking at all the current medication administration records. At the time of our inspection no-one using the service was able to look after their own medicines. All medicines were looked after and given by staff.

We saw that arrangements were in place for the ordering of medicines. However records showed that one person had no supply of one of their prescribed medicines, used to treat epilepsy. This medicine had been unavailable for the previous seven days. A new supply had not been requested until the previous supply ran out. There were delays in the ordering process. Appropriate action had not been taken to ensure a new supply was received as soon as possible. Lack of this medicine could have caused harm to this person. Another person had been unable to have one of their medicines on the morning of the inspection because the supply had run out.

During our inspection we saw a nurse on the ground floor giving some people their morning medicines. Medicines were taken to people individually but the process did not always follow the home's medicines policy or recommended professional guidance. Four people's medicines were in unlabelled pots on the medicines trolley. This increased the risk of mistakes being made, which could result in people receiving the wrong medicines. If people using the service were not able to check whether their medicines were correct, any mistake made may not be identified.

The pharmacy provided printed medicines administration record sheet for staff to document when people had taken their medicines. We saw that some records were not completed immediately after people had taken their medicines. This increased the risk of records being inaccurate and did not follow the home's medicines policy or recommended professional guidance. For example we checked the tablets remaining in one box of medicines with the administration record. There was a discrepancy of one tablet. The nurse realised that she had given the person one tablet that morning instead of two. This person had not received the correct dose of their medicine, which could have made it less effective.

One person we spoke with told us they received their medication at the correct time by staff. This person was found to have a tablet in their lap that they were unaware of. Therefore staff did not observe the person taking their medicines to ensure they were all taken safely.

We also found some medicines requiring additional security were not stored according to current legal requirements.

We found that the registered person had not protected people against the risk of unsafe medicines. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person had been prescribed a medicine with a variable dose that required regular blood tests. The results of these tests and confirmation of the current dose were kept with the person medicines administration record sheet. This helped to make sure the this person would receive their medicines safely. Staff had recorded they had given the correct dose.

Records showed that medicines were stored at a safe temperature. Systems were in place for regular checks of people's medicines administration record sheets to ensure that records had been completed fully.

We were told that arrangements had been made for pharmacy staff to visit the home and provide additional medicines training for staff.

People we spoke with told us they felt safe living in the home and felt most staff were able to meet their needs safely. One person told us "the usual staff are good and know me well. Sometimes we have agency staff and I don't feel so safe". Other people we spoke with told us "I do feel safe living here, it is safer than at home" and "if I didn't feel safe with staff I would tell [name]".

People had risk assessments in place. We saw monthly reviews of risk assessments for moving and handling, nutrition and pressure area care. Where risk to people's well-being were identified, the care plans provided information to staff on how to minimise the risks. For example, repositioning charts were in place to manage people's skin integrity staff had taken photographs and

Is the service safe?

charted the location of the vulnerable area. We saw where people had been assessed as high risk, appropriate control measures such as specialist equipment, had been put in place.

Staff we spoke with said they had received training in how to recognise and report abuse. They were clear about what action to take and how to report any concerns. Staff told us they were confident that any allegations made would be investigated to ensure people were protected and were prepared to take it further if concerns were unresolved. One staff told us “if I saw abuse I would take it further. I would not rest until something was done about it.”

We asked staff if they understood the term ‘whistle blowing’. This is a process for staff to raise concerns about potential malpractice in the workplace. Staff understood whistleblowing and the provider had a policy in place to support people who wished to raise concerns in this way.

Staff we spoke with told us they had received fire training the previous year. However whilst walking around the home we noticed at least four bedrooms where the doors had been propped open with a chair or a foot stool. This meant people living in the home would be at greater risk in the event of a fire. We informed the senior member of staff who rectified this.

Staffing levels were assessed by using a staffing dependency tool. This was an electronic tool used by the registered manager to input everyone’s care needs. This would then generate the recommended level of staffing that was required for each unit. This was reviewed on a regular basis or as needs changed. One relative commented that the home didn’t use as many agency staff now and the number of carers on the floor has improved. Most people living in the home who were able to tell us

their views felt there were enough staff on duty to care for them, although one person commented they thought they could do with more staff as they were often stretched. A visiting family member agreed but another commented that they often have to ‘wait a while’ but could not be more specific. During our inspection we observed call bells were usually responded to in an expected time frame. However at peak times for example at lunchtime, it did take slightly longer and people were left unsupervised at times in shared areas. Therefore higher levels of staffing at these times would have ensured people were not left unsupervised in shared areas.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. The registered manager audited all incidents to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly. A visiting relative told us there had been a serious incident involving their relative some time ago; staff had notified them of this immediately and asked them if they wished to take action, which they declined; they said how quickly efficiently and sensitively staff had dealt with this situation.

We found the home warm, clean and free of odours. We found the products and equipment used in infection control, located in several areas of the home. This included guidance to good hand washing, hand disinfectant dispensers, gloves and aprons. The laundry baskets were correctly labelled and stored in a suitable area. Staff informed us they always had a good supply of cleaning products and were able to tell us the correct procedures for handling soiled laundry. Staff were observed adhering to guidance in relation to infection control and personal protective clothing was used as required.

Is the service effective?

Our findings

People's care records were not always maintained accurately and completely to ensure full information was available. We found some medication records were not completed immediately after people had taken their medicines. This increased the risk of records being inaccurate. Some fluid charts were incomplete therefore staff may not have the accurate accounts of people's nutritional intake. Some re positioning charts were not consistently recorded to demonstrate when people had been repositioned in line with their assessed needs.

We also found some people's care reviews and updates were written in different places in their care plans. Therefore this increased the risk of information not being noted as part of people's reviews. We discussed this with the senior management team who told us "sometimes it's due to agency staff. It does get written in different places". They also told us new documentation was being implemented that should reduce this risk.

We found that the registered person had not protected people against the risk of inaccurate records being maintained. This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Menus were in place and flexibility and choice was available. We observed some people who were eating their lunch in the lounge where they had been sitting since breakfast, had their meal placed on the tray in front of them. Their dessert had been placed on the tray before they had finished their main course as opposed to bringing the desert when they were finished their main meal. Some people living with dementia may find this confusing. We observed people were left unsupported during some of this time. We observed three people eating their lunch in the dining room in the area which supported people living with dementia. Two shared a table interacting socially with the other person sitting alone. Another person was seen to be supported in eating their meal while sitting in the corridor where they had been seen since our arrival, which we were told this was their choice. However we saw a member of

staff was standing over them while offering food from a spoon, without communicating with the person. This did not show a person centred approach to assisting people with their nutritional needs.

The lunchtime activity and deployment of staff didn't appear organised. We observed people choosing to eat in their rooms and those requiring assistance were assisted first. This meant some people were sitting in the dining room for a while before getting lunch and some people had finished their lunch when others were still being brought in to be seated. People who were sat waiting were given little explanation from the staff or any reassurance that lunch was on its way. Some people would have benefited from being informed that they would be served soon.

Comments on the food and meals varied from: "It is lovely, I eat everything they give me" and "They give me finger food because that's what I like; food is delicious" to "Food is terrible, I don't like the food - not even the sandwiches". One person said "We get odd combinations, it is typical care home food with lots of potatoes, not the sort of food I used to eat at home" adding "The chef will always prepare something different if I ask". Visitors commented: "The food is excellent; the chef is very good and will prepare a different meal if the resident doesn't like what is offered" and "The puddings are delicious". A visitor commented that the chef was very helpful and would prepare any special foods to tempt their relative.

People were offered choice in relation to their nutritional needs. We asked staff how they offered choice to people who may not be able to verbally express what they wanted. Staff told us that they had tried showing residents a picture menu of two meals, at the same time asking which of the meals they would like have. However, they have reverted to bringing one meal only to the table because they found this to be most effective way for people because having to choose between two meals caused some people anxiety. They felt seeing the meal and smelling it gave people a better understanding of what it was, rather than just seeing a flat picture. We viewed one person turned away the first meal brought to them and then the second. They were continued to be offered choices and eventually accepted a salad, which looked very appealing, made with ham and a variety of fresh vegetables.

Each person had their nutritional needs assessed and were weighed weekly. Care records we read showed that people had maintained a stable weight. We saw that any concerns

Is the service effective?

about a person's food intake or swallowing ability generated further assessments. At lunch time we saw that people received food and drink in accordance with their assessed needs.

People had their physical and mental health needs monitored. There were regular monthly reviews of people's health and the home responded to changes in people's need. All care records that we viewed showed people had access to healthcare professionals according to their specific needs and we saw written entries made from visiting health professionals. On the day of our inspection, there was a GP scheduled to visit some of the people living in the home.

People we spoke with told us their medical support needs were met. They told us local a GP visited the home on a regular basis and would see any person at the staff's request. People told us they would tell staff if they felt unwell and depending on the severity of the need, the GP would be called or they would wait until the GP's next visit.

The upstairs area of the home people were living with a form of dementia. The home was decorated to encourage stimulation. The corridors were well decorated with bright objects to stimulate and a senior member of staff told us they were introducing memory boxes to go outside residents' doors to support people's dementia needs by promoting their memory. They told us six had been completed at this time and hoped everyone to have one in the future.

All staff we spoke with told us they had completed Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards training (DoLS). This is legislation to protect people who may not be able to make certain decisions for themselves. Staff were able to tell us why this legislation was important. This demonstrated the provider gave people the information they required and had acted in accordance with legal requirements when required, to protect people's human rights.

Some of the people who lived at the home had been assessed by using the Deprivation of Liberty Safeguards as set out in the Mental Capacity Act 2005 and demonstrated the correct process had been followed. People's care records showed that people had been assessed for restrictions caused by the use of bedrails and the locked

doors in the home. The assessments showed that the registered manager, outside health professionals and relatives had been involved in making the best interest decisions.

Consent to care and treatment was recorded within people's care records and we saw people had consented to the use of photographs and the use of bed rails. One person told us how they felt better knowing they had bedrails in place to support them at night. They said this reduced the risks of them falling out of bed at night.

People, who were able to respond verbally, thought staff had adequate training. One person told us staff had a good mix of skills but would benefit from more specific training for example for people who had experienced a stroke. Their relative, who was visiting, agreed with these comments. A visitor commented that staff have been having more training and that over the past 12 months things had improved dramatically. Another visiting professional told us "I have always found the staff to be very caring, approachable, with a desire to learn. I think that they are very keen for any support that they can have. The staff are always keen to talk to me, to ask questions, to listen to explanations. I have noticed that the people living in the home engage with the nursing/care staff in a relaxed way".

The provider ensured that new staff employed at the home completed an induction training programme. This was confirmed by staff we spoke with and told us it involved on line training, face to face training and supervision. A senior member of staff told us staff also had competency checks undertaken to ensure their practice remained up to date.

Staff said they had received training from the provider that enabled them to carry out their roles and records we viewed confirmed this. The training record showed this included: fire training, first aid, food hygiene, medication and health and safety. Training was also provided by external organisations to support the needs of people living in the home. For example we received feedback from a local hospice that told us they provided training to staff on effective management of people's end of life needs. They told us referrals came from the GP however the home could directly refer people also and they would be happy for this to happen proactively. They told us staff were receptive to this training that in turn would improve people's end of life care.

Is the service effective?

Staff we spoke with and records that we viewed confirmed on going supervision was provided. A planner was in place that showed dates of supervision undertaken and when they were planned to be taken. A member of staff told us they could receive one to one supervision anytime they required it as they only had to ask senior staff.

Staff received yearly appraisals. This is a process whereby staffs performance and personal development is reviewed to enhance the skills of the member of staff. The provider had a system in place that ensured staff were supported and were given opportunities to develop their skills.

We recommend the provider reviews its dining experience to ensure a person centred approach.

Is the service caring?

Our findings

Most people told us the staff were caring and respectful towards them. However throughout the morning of our inspection we noticed that several staff did not knock before entering people's rooms. Although some of the bedroom doors were open, staff entering bedrooms without knocking are arriving unannounced into someone else's personal space and people with visual or cognitive impairment could be startled by their immediate presence.

We observed one person who was in the process of receiving nutrients via a 'clinical tube'. This person did not receive any staff interaction for more than 45 minutes. Two members of staff were delivering clean jugs of water during this time. They entered the open room without knocking and put the jug down without making any verbal comment to the person but chatted between themselves. This person had limited verbal communication, however they did respond to our interactions by squeezing our hand and smiling and would have benefited from staff interaction.

One person felt respect was not always shown to them. They told us because of their medical condition they needed continence support from staff. They said they had heard staff talking about them in the corridor outside their room about their care needs and they didn't like this. However we acknowledge this was not representative of comments that we received as during our visit, we saw residents being treated with respect and with very caring interactions. Residents seemed genuinely happy when staff approached them and we heard terms of endearment used appropriately with residents responding positively.

Other people's comments included; "Staff are all lovely, kind and considerate, I think of them as my friends"; "Staff are lovely, they look after me well"; "Staff are very good to me". Visitors commented: "The staff are superb and will bend over backwards to do anything for the residents, everyone is respected as an individual and treated well"; "I am over the moon with the way my relative is looked after"; "I am so happy with my relative's care, I know we have made the right decision to move here". All visitors said they had never heard a raised voice from staff or witnessed anything that has made them feel uncomfortable.

One relative told us that even though their relative is in bed most of the time and even though they were unable to communicate or respond, they told us the carers still talked

to [name] as if they could. They told us they felt they treated their relative as a real person not just another body to be looked after. They said staff had built up a real caring relationship even though the person was unable to respond.

People who lived at the home were supported by kind and helpful staff. Throughout the day we saw some staff interactions with people who lived at the home in a caring and friendly way. One member of staff told us "I like coming to work; every day is different and the people here have such great characters." However we saw other members of staff providing safe, basic care with little communication between themselves and the people they were caring for. We noted that on several occasions staff were sat separately to the people in the lounge and were talking amongst themselves whilst writing up daily records and no interaction was viewed with people sitting in that area at that time.

The staff we spoke with had a good knowledge of the people they supported. They were able to tell us about individual preferences and current needs. Staff could also tell us how they kept themselves updated with people's changing needs. Visitors told us they were happy with the care their relative received. One visitor told us their relative's health had improved since they moved into the home. A visitor told us "he looks a lot better now" and another said "all is fine here, they look after [name] well."

Some people told us that due to work and commitments their visits were conducted different times of the day that could be late or early. They told us this had never been a problem for staff and they were always made to feel welcome.

The staff we spoke with had an understanding of the needs of people with dementia and encouraged people to make choices in a way that was appropriate to each individual. We saw staff asking people what they wanted for lunch and where they wanted to eat it. Staff said they tried to ensure people continued to practice choice. One staff told us "we treat everyone different based on what we know about them, like what clothes they would like to wear." This showed that staff took account people's abilities and supported them in line with their likes, dislikes and preferences.

A person receiving end of life care was being treated with great tenderness and compassion, their wishes being taken

Is the service caring?

into account and their care being delivered in the way they had requested. Their family members were spending many hours with them and they said how caring the staff were, attending to their relative with such devotion and compassion, and still able to have friendly banter as they always have done. This visitor also commented on how sensitively an end of life plan had been made and how well staff are supporting them at this difficult time.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to providing person centred support for people.

Is the service responsive?

Our findings

Visitors commented: “Staff understand their relative’s needs”. One said: “It is like one big family here, they know my relative very well and what they like, I have always been involved in any decisions and kept informed at all times of any changes”; “They understand my relative’s needs and mostly get it right”. Another relative told us how their relatives need changed dramatically and they needed increased support. They told us “the home adapted and handled things very well”. Not all people could tell us if they were involved with their care planning. However one person told us “they see my [name] I think and they deal with it”. A visitor told us that care staff rang them to pass on information and said “ If [name] has a bump or fall the nurse or team leader always ring me to keep me informed”.

Many compliments were received by the service. They included cards and letters in response to the care provided. Comments included; “to all at Sunnymead a really big thank you for looking after [name] through such a difficult time”. “We couldn’t wish for a better place for [name]” and “thank you all”.

The care plans we viewed contained information about people’s likes and dislikes as well as their needs. The plans contained information about how people communicated and their ability to make decisions. The care plans were frequently reviewed and the ones we viewed were up to date. The plans covered a range of activities of daily living which included people’s physical and psychological well-being. Care plans were reviewed regularly to ensure people had the most up to date information. Although we did see that information was not always recorded in the place it should be. The organisation’s paperwork is under review and senior staff told us it will help this area.

Each resident had a preference chart in their room with information such as their preferred dress style, sleeping position, and interests and ‘what I can remember’. In addition there was a file in people’s rooms with information related to their daily activity and other recording charts to support their health and wellbeing.

Staff responded to people’s changing needs. People who required manual handling aids to support their movement received an assessment and equipment was provided. One

person, who needed a hoist to support them when being transferred from bed to chair, said although it was painful, staff did this with great care and efficiency and it did make moving easier. Another person who had a special hoist installed, said: “It cannot be used yet - it is on hold because the occupational therapist (who had requested it) has not yet seen it”. Therefore staff followed the guidelines to ensure equipment was used safely to meet people’s needs.

Staff supported relatives to make difficult decisions and include them in people’s care planning. A relative explained that he was asked to come into the home and discuss end of life care for their relative. They told us they were not keen to do this but they felt staff handled it very well by explaining and going through things at their pace, that resulted in an excellent outcome for the person involved.

There was a weekly activity programme in place and displayed around the home that included activities on alternate Saturdays. However on the day of our inspection we were told the activities organiser was on holiday. There was no evidence of another activities coordinator arranging meaningful recreation for people. We saw that most of the people spent long periods of time sat in the lounge with limited social stimulation or physical movement. One relative told us they did see entertainment at evenings and weekends on occasions and their relative was supported to go to the area where the activity was taking place. Reported activities included: Nail care, manicures, bingo and quizzes.

The service had a complaints procedure. The provider had systems in place to receive and monitor any complaints that were made. The policy gave clear guidance for people to follow. People who were able said they would speak to the manager if they had complaints, but they have never had need to. One person told us they had complained about lost laundry and food. It was confirmed these complaints were being resolved. Relatives said they would feel comfortable making a complaint if they needed to and were aware of the procedure. One relative said “I would be happy to raise a concern or complaint and I feel staff and management would listen to me and my concerns”. Another relative said the staff were very approachable and she did have to raise a concern when her [name] slipped out of the chair onto the floor on her first day. They confirmed that this was well resolved at the time.

Is the service well-led?

Our findings

The staff we spoke with described the home as being managed and running smoothly. Visitors we spoke with said they felt involved and satisfied with the service being provided to their relatives. One visitor said “they involve me if I ask the too.” Whilst a member of staff told us “the home is more relaxed and the managers deal with issues.” Staff also told us they felt they could give their opinion and one gave an example of how a change to the service was made based upon her suggestion. Staff felt the home had a more open and honest culture these days,

People who were living in the home who were able to tell us said they could talk to the manager, although not all knew who the manager was. A visitor commented: “The manager listens and is open and will take on board what is said. They have been very kind and accommodating”. Another said: “There have been changes over the past 12 months, staff are now pulling together and they say the manager is available, considerate and helpful; they could go to them at any time and know they will be listened to”. Some people’s comments held concerns in relation to the current manager being only temporarily in post. One relative said “The manager is very good, but she is only her till they get a permanent one”.

Feedback from external professionals included; “The new manager appears to be assertive, a clear communicator, have an understanding of palliative care & has been willing to send a member of the nursing team on a palliative care study module. The staff in Sunnymeade generally speak well of [name]. I have had good access to the manager and have found [name] to be receptive and open to suggestion”.

The provider information return was completed by the registered manager prior to the inspection and people’s comments were reflected in their feedback. They identified the changes that had taken place and the plans for the next 12 months. They identified the introduction of new care documentation with a greater empathis on including the person and their relatives even further in the care planning process during 2015.

The management team communicated with staff about the service. One forum for this were team meetings. Team meetings took place at least four times per year and discussions were recorded that noted any actions that were required. Minutes viewed demonstrated discussions

were held around the care that people received, home updates, staffing, activities and events and documented any actions that needed to take place. Meetings were held for all the staff groups within the home. One member of staff we spoke with confirmed the meetings were opportunities to share ideas and the registered manager welcomed people’s ideas.

People who used the service, staff and their relatives were involved in the service delivery improvements. Residents meetings were held that demonstrated people were asked for their views and ways in which the service could improve a notice board in the shared areas confirmed this in each unit. It demonstrated how people’s comments were actioned and when.

A system was in place that monitored the quality of the service provided. The registered manager undertook various audits that included: health and safety, records, medication, environment, and care provision. Action plans were compiled and detailed when they needed to be completed by. The registered manager undertook a daily ‘walkabout’ of the home to highlight any environmental concerns and then immediately report this to the maintenance team to resolve as soon as possible. Documentation that we saw confirmed this. Areas covered were checking corridors were clear of trip hazards, bedroom checks and checks were made of people’s air pressure mattresses to ensure they were correctly set.

The provider had systems to monitor the quality of the service. The regional manager undertook visits to the home. This was used as an opportunity for the senior manager and registered manager to discuss issues related to the quality of the service and welfare of people that used the service. The regional operations manager undertook a ‘home review’ on a monthly basis. This audit ensured the registered manager had undertaken regular monitoring and reviews of the service in line with the provider’s policy. Audits included; training, food safety, medication, care plans and bedrails. All were recorded and any actions noted would be followed up the following month. Records that we saw confirmed this.

There were effective systems in place to monitor the risk and spread of infection. Cleaning schedules were in place and infection control audits were undertaken. This was to monitor effective cleaning took place and ensure best practice guidance was followed. We saw how the registered

Is the service well-led?

manager felt an area of the home was not cleaned to a sufficient standard and subsequently undertook an 'instant supervision' with the member of staff to reinforce the standards expected.

The registered manager audited incidents and accidents to look for any trends that may be identified. This ensured the registered manager was fully aware of any events that took place that may require actions or follow ups.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the obtaining, recording and safe administration of some medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Some people's records were not consistently completed to ensure accurate information was recorded. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.