Xcel Care Homes Ltd

Sunny Bank

Inspection report

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14 January 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 11 and 14 January 2016.

Sunny Bank is registered to provide nursing care for up to 31people in a residential area of Weymouth. At the time of our inspection the home was not providing nursing care and there were 10 older people with residential care needs living in the home.

There was a registered manager who had led the home for a number of years. 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.

Staff were confident and consistent in their knowledge of people's care needs and felt supported in their roles. They understood how the Mental Capacity Act 2005 provided a framework for the care they provided and encouraged people to make decisions about their care.

People were protected from harm because staff understood the risks they faced and how to reduce these risks. They also knew how to identify and respond to abuse. Care and treatment was delivered in a way that met people's individual needs and staff kept clear records about the care they provided.

People had access to health care professionals and were supported to maintain their health by staff. People received their medicines as they were prescribed.

Deprivation of Liberty Safeguards had been applied for when people who needed to live in the home to be cared for safely did not have the mental capacity to consent to this. Staff understood these Safeguards and where there were conditions attached to them they were being met.

People were engaged with a range of activities that reflected individual preferences, including individual and group activities. Activities were supported by care staff and were available throughout our inspection.

People described the food as good and there were systems in place to ensure people had enough food to eat and enough to drink.

People and their relatives were positive about the care they received from the home and told us the staff were compassionate and kind. Staff treated people, relatives, visitors and other staff with respect and kindness.

The registered manager took responsibility for quality assurance in the home and shared this role with senior staff. Where the improvements were identified as necessary action was taken to ensure this

happened.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were enough staff to meet people's needs.

People felt safe and their relatives shared this feeling. People were supported by staff who understood their role in keeping them safe.

People were supported by staff who understood the risks they faced and followed care plans to reduce these risks.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Decisions about people's care were made within the framework of the Mental Capacity Act 2005 and staff understood how it impacted on their work with people.

Deprivation of Liberty Safeguards (DoLS) had been applied for people who needed their liberty to be restricted for them to live safely in the home.

People were cared for by staff who understood the needs of people in the home and felt supported by their management.

People had the food and drink they needed. They told us the food was good.

Is the service caring?

Good

The service was caring. People received compassionate and kind care.

Staff communicated with people in a friendly and warm manner. People were treated with dignity and respect by all staff and their privacy was protected.

People and their relatives were listened to and involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive. People received care that was responsive to their individual needs. Care plans were accurate and included detailed personalised information.

People and their relatives were confident they were listened to.

Is the service well-led?

Good

The service was well led. People, relatives and staff had confidence in the management team.

Staff were able to share their views and these were acted on when appropriate.

There were systems in place to monitor and improve quality. These systems were effective in identifying where improvements were necessary.

Sunny Bank

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 the 11 and 14 January 2016 and was unannounced. The inspection team was made up of two inspectors.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had completed a Provider Information Record (PIR). A PIR 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.

During our inspection we spoke with six people living in the home, three relatives, two members of staff, and the registered manager. We observed care practices and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also looked at four people's care records, and reviewed records relating to the running of the service. This included two staff records, quality monitoring audits, training plans and accident and incident forms.

We also spoke with two healthcare professionals, an advocate and a social care professional who had knowledge of the home or had visited people living at the home.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said: "I am safe." Another person told us: "I do feel safe…. Yes." Some of the people living in the home were living with dementia and did not always use words to communicate. They were relaxed with staff; smiling when staff were with them. The relatives we spoke with were sure that their relative was safe. One relative told us, "I'm sure (relative) is safe… and I know they (staff) always tell me if something happens." Staff were confident they would be aware of indications of abuse and knew where they would need to report any concerns they had. Information about safeguarding and whistleblowing was available in the entrance hall of the home and was easily accessible by staff and visitors alike.

Staff described confidently and consistently the measures they took to keep people safe. For example they described how they reduced risks relating to people's mobility, and their skin integrity. During the inspection we observed care being delivered in ways that were described in people's care plans to reduce risk. For example, people were supported to sit in appropriate chairs, mattress settings were correct and staff maintained awareness and observed people discretely. Risks were managed in a way that supported people's dignity. Guidance was always given as suggestion and through conversation, and when people were supported with kindness and patience during periods of distress.

Emergency plans were in place and reviewed regularly to ensure they reflected individual need. These included plans for situations that may require an evacuation such as a gas leak or fire and those that would impact on the running of the service such as extreme weather. Individual information and contact numbers were stored and updated to ensure that the impact on individuals was mitigated wherever possible.

Accidents and incidents were reviewed and actions taken to enhance people's safety. For example we saw that when people had fallen a range of actions had taken place including seeking input from health professionals and reviewing all relevant care plans. This meant that people were at a reduced risk of reoccurring accidents.

There were enough staff to meet people's needs safely. During our inspection the cook was not in work and three people were not well and needed additional support from the staff available. People still did not wait to receive care and staff were able to spend time engaged in activities with people as well as responding to people's support needs. We discussed staffing levels with the manager and they described the measures they took to ensure they had enough staff and that staff deployment was effective. They used a dependency tool to calculate the amount of support people needed, gave consideration to emergency plans and sought feedback from staff. Staff feedback had led to a change in the rota recently to allow for an additional staff member for an hour in the afternoon. This change occurred because staff had identified that they were struggling to complete everything they needed to meet people's needs at this time. The registered manager explained that this was an on-going process reflecting the changing needs of people living in the home.

Staff were recruited in a way that protected people from the risks of being cared for by staff who are not suitable to work with vulnerable people. We reviewed staff recruitment documentation and saw that

appropriate checks had been made on staff employed to work in the home.

People received their medicines as prescribed. Medicines were stored safely and we observed people receiving their medicines as prescribed. When people needed to take medicines only at certain times the indications for taking it were described clearly. For example one person was prescribed a medicine to help them if they became anxious. The signs that the person needed the medicine and the issues staff should consider when deciding whether to administer the medicine were recorded clearly. Information describing how creams and other topical medicines should be applied was also recorded clearly. Contemporaneous records indicated when people had had the medicines they were prescribed.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People received care that was designed to meet their needs and staff supported people's ability to make choices about their day to day care. Care plans provided clear information about people's ability to make decisions about their care and where they could not do so these decisions were made according to the principles of the Mental Capacity Act 2005 (MCA). Staff were confident talking about how this legislation framed their work and described how they kept their knowledge about the MCA refreshed through regular training. Staff encouraged people to make choices about what they wanted to do and what they wanted to eat and drink throughout our inspection.

The home had applied for Deprivation of Liberty Safeguards (DoLS) to be authorised appropriately. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made that there are no other ways of supporting the person safely. Two people with DoLS in place had conditions in place to ensure that they accessed the local community. The registered manager explained that staff came in specifically to ensure this happened unless the people's health or bad weather meant it couldn't. These people had a RPR (relevant person's representative) provided by a professional advocacy organisation. The RPR has a role defined by the law to monitor and speak on behalf of people in relation to their DoLS. The RPR told us that the home always took their comments on board and were "responsive and proactive" about ensuring the DoLS conditions were met.

Staff were supported to do their jobs and told us how guidance from senior staff and their colleagues ensured they were kept up to date with people's needs. They spoke competently about the care and treatment of people living in the home and told us that their training was appropriate for their role. The registered manager described how training was being developed to reflect national changes such as the introduction of the Care Certificate and also to reflect the needs on staff. This included a process for reviewing and developing care practice with staff through observation and reflective discussion, and the introduction of person centred thinking training. the Care Certificate is a national training programme designed to ensure that staff who are new to care work develop the skills and knowledge they need to

support people effectively. There was a robust system in place for ensuring that staff training was kept up to date and that they were provided with appropriate support and supervision. Staff received supervision monthly or more regularly if appropriate and this covered their practice and training and development needs.

People, relatives and staff all told us that the food was good. One person told us that the: "food is nice". Lunchtime was calm and a social event for those that wanted to eat together. People were supported to sit where they chose and background music was played. People who needed support received this as described in their care plans and this was done discretely and respectfully. People who needed to eat in their rooms due to their health and people who chose to eat in a lounge were supported to do so. One person was not able to settle due to a change in their health and staff ensured they were afforded many opportunities to eat and drink. People were offered fruit as a snack with drinks in the morning and afternoon. Staff spoke with each person and offered them the choice of different fruits before sitting with them and preparing it in the way they preferred.

The registered manager cooked the meal during our inspection as the chef had been unable to work. They knew about everyone's nutritional needs and checked at the end of lunch if everyone was happy. A record was kept of any comments or suggestions people made about food in the home. This was used, alongside people's known likes and dislikes, to plan meals. Where people had guidance in place from the Speech and Language Therapist this was followed and they were able to eat and drink safely. Food and drink intake was monitored effectively and people were offered a variety of drinks regularly through the day. People's weights and other indicators of adequate nutrition were measured regularly.

People were supported to maintain their health. Care plans detailed the support they needed to maintain their well-being. Routine health matters such as medicine reviews and on-going support for chronic illness were managed safely and effectively. For example two people had regular input related to their epilepsy. The people living in the home were covered by a GP project supporting older people in Weymouth. This meant a GP visited weekly to respond to non-urgent health issues. The staff valued this input and described it as having a positive impact on people's well-being. Staff also liaised with local services to ensure people had access to dentists. When people's health changed we saw that advice was sought appropriately. Two visiting health professionals told us that changes in people's needs were identified quickly. One health professional told us the staff were: "on the ball and astute". Another health professional told us that every call they received was: "thoroughly appropriate". They described how the staff had got to know a person well and that good communication and collaborative working had led to better than expected outcomes for the person they worked with.

Good

Is the service caring?

Our findings

People and relatives described the staff as caring. One person told us, "They are kind." Another person referred to the staff as "lovely." Relatives told us that their relative was always treated with kindness and compassion. A health care professional acknowledged the importance of this in their assessment of the home's skills in working with people with dementia. They told us this was something the home did well commenting that people are treated with kindness and understanding.

Staff took time to build relationships with people in an individual way. They were attentive to people and were both familiar and respectful in their conversations. For example we heard people and staff laughing together throughout our inspection, another person was feeling unwell and they had opportunities to talk quietly with staff and were kept updated about the progress of seeking medical advice. The registered manager also knew everyone well and spent time with people throughout the day. There was information about people's communication skills and needs in their care plans in relation to all the support staff provided. Staff used this guidance during interactions which promoted people's ability to communicate.

People were supported to make choices throughout the day and care provided reflected this. People were encouraged to choose their food and drinks, what activities they joined and day to day decisions such as when they got up. Relatives told us they also felt listened to and felt involved in day to day life in the home. One relative told us: "The staff always make time for us and explain things."

Staff spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. All staff spoke respectfully to people living in the home, visiting relatives, and each other. This promoted a relaxed and friendly atmosphere which was maintained during our inspection despite greater than usual demands on the staff's time.

Care was provided in a way that protected people's privacy. People's personal care was managed by staff discretely and staff did not talk about people's care needs in front of other people. This was maintained at times when people were in need of urgent attention.

Care plans included information about end of life care. Discussion with relatives and people was evident and where relatives had the legal status to make decisions this was recorded. Staff had received training about end of life care and told us that this helped them in their work. Relatives of people who had died in Sunny Bank had written letters of gratitude which valued the kindness, respect for privacy and compassion shown by all the staff.

Good

Is the service responsive?

Our findings

People's care was delivered in a way that met their personal needs and preferences. Staff listened to people and responded sensitively. For example a person was unhappy and staff spoke with them reassuringly. The person was visibly calmed by this. They were also offered a walk and some fresh air. Staff told us this might lift their spirits as it was an activity they valued. Another person told the registered manager they didn't feel very well and a GP was called to see them. People told us they felt well cared for and this was a view shared by relatives. One person told us: "I am very well looked after." Relatives all told us that their relative was well cared for. Some people living in the home were not able to tell us about their experience of the care they received and did not always use words effectively to communicate. Staff reviewed and discussed people's current care needs at a handover which ensured that people experienced continuity of care. We observed staff knew people well and interpreted their gestures and behaviour as communication of their needs. When people appeared unsettled, staff spent time with them and assisted them to be involved in activities that were meaningful to them. For one person this included talking about and looking at pictures of animals, for another person this involved walking with them and finding a place they felt settled.

People were involved in developing the care and support provided at Sunny bank. Meetings for people living in the home and their relatives had been instigated and the registered manager was committed to developing these further. The first meeting involved discussions around activities and food available in the home and people's comments had been recorded. Care plans had been updated to reflect what people said and this information had been used to plan both individuals care and the food and activities available to everyone living in the home.

A professional advocate who visited the home regularly told us that suggestions and advice about people's care were always responded to thoughtfully and implemented quickly. They gave an example of how recording of activities had been improved in the home after a discussion and this meant that people's care could be better monitored and planned.

People's care needs were assessed and these were recorded alongside detailed and personalised plans to meet these needs in their records. Records showed that people's needs were reviewed monthly or more frequently if there were changes. Any assessed changes led to changes in their care plan. For example one person's health had deteriorated and their care plan had been altered to reflect the need for increased bed rest and staff support. This had led to an improvement in their health. Needs were assessed and care plans written to ensure that physical, emotional, communication and social needs were met and included observations staff should make and how to tell if a person may be experiencing discomfort. Personal preferences were recorded in detail such as how a person liked to be helped with their personal care and which toiletries they preferred. This information enabled staff to provide personalised and responsive care. Relatives were kept informed and their knowledge about their relative was valued and sought out. One relative described how all decisions were explained to them another told us they were called if there were any changes. A review meeting was held for each person every six months. Relatives were invited to attend these meetings. This afforded them a further opportunity to comment on the care and support their loved one received.

The care staff kept accurate and detailed records which included: the care people had received; what activities they were involved in; what they ate and drank; and physical health indicators and how content they appeared. These records, and people's care plans were written in respectful language which reflected the way people were spoken with by the staff. The detail and accuracy of the records meant that changes in people's well-being were picked up quickly. During our inspection three people were unwell. Health professionals told us the staff were able to give them the information they needed to provide appropriate treatment.

Activities were planned for groups and individuals and delivered by the care staff. When necessary additional staffing was provided to make sure people received one to one attention they were assessed as needing. During our inspection people were involved in household tasks and enjoyed a knit and natter group with staff support. Memory boxes were used to prompt discussions on themes and individual memory boxes had been developed in conjunction with people's families. People were supported to go out for walks and go into town as well as doing activities in the home with people from the community such as the local church and Pets as therapy visitors. Staff kept records of the activities people enjoyed and these were reviewed as part of a monthly review of people's care. Relatives had been invited to attend a fish and chip supper in addition to regular coffee mornings. A relative told us that the fish and chip supper had been enjoyed by everyone.

Complaints and informal feedback were used to improve practice in the home. Complaints were recorded along with detailed notes of any investigation and the outcome. This had also been done where concerns had been raised. Relatives and people told us they would be comfortable to talk to staff about any concerns they had. One relative explained they had confidence in how the staff responded to concerns saying: "I would definitely be listened to." Another relative said: "They always have time…. I would be happy to raise any concerns."

Good

Is the service well-led?

Our findings

Sunny Bank was registered for up to provide nursing care for up to 31 people but was not offering nursing care at the time of our inspection. This meant we were unable to inspect against this regulated activity. We spoke with the registered manager about this and they told us they would liaise with the provider to review this registration. We also discussed the environment available in Sunny Bank. People were not living in the older part of the building which had smaller rooms and uneven flooring in places. People could still use some parts of this building with staff support if appropriate. For example there was a conservatory and garden that people might use in warmer weather. There were no plans to use the bedrooms in the older part of the building and the registered manager assessed the risks involved in using any of the bedrooms in the house before they were occupied.

Sunny Bank was held in high esteem by people, relatives, staff and professionals. A relative told us: "I'm happy with everything." Another told us that they had always been "very satisfied". The registered manager had been in post for a number of years was identified by everyone as an important element of their confidence in the home. One professional said: "The manager is very good." Another told us: "The manager is very proactive and open." The registered manager was visible providing support to people during our inspection and understood the challenges facing people and the staff. This informed their oversight of the home ensuring that quality assurance was effective in improving care provision.

Staff had a shared understanding of the ethos of the home and understood their responsibilities. One member of staff told us: "There are lovely staff and good coordination." Staff meeting minutes and supervision records reflected open discussion and a staff team who sought to improve the experience of people living in the home through individual professional development and team work. This learning and developing culture was reflected throughout discussions with the registered manager who described seeking new ideas and promoting staff involvement. Ideas from staff were evident in changes that had been made and plans for the future. For example one member of staff was leading thinking about starting a mobile shop in the home to promote choice and independence for people who could not go out due to their health.

There were robust systems and structures in place to ensure that the quality of service people received was monitored and improved. The audits that were undertaken by the registered manager and senior staff were effective in ensuring change. An audit of infection control had led to changes in the way cleaning was coordinated and monitored. This had made the system safer and promoted staff accountability and involvement. An audit of care records had highlighted difficulties in ensuring that people accessed the local community. This had led to improved reporting and a wider discussion and enthusiasm amongst the staff team around improving the availability of meaningful activities. Incident and accident forms had been completed by staff and reviewed by the manager. Appropriate actions had been taken and recorded so that trends could be analysed.

Records kept by staff were concise and clear in respect of all elements of support provided. This enabled senior staff and the registered manager to review care effectively.