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Sundial Cottage Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Sundial Cottage Care Home is a residential care home providing personal care and accommodation for up to 22 people aged 65 and over. The service was supporting 22 people at the time of the inspection. The care home accommodates people in one adapted building over two floors.

People's experience of using this service and what we found

People were supported safely. Staff understood signs of possible abuse and how to raise concerns to appropriate people and authorities. The registered manager understood their responsibilities in relation to safeguarding. Risks to people were assessed and understood by staff. People were supported by staff who had undergone appropriate recruitment checks. Medicines were administered appropriately. Incidents and accidents were thoroughly investigated.

People experienced good outcomes because staff were skilled and involved the appropriate healthcare professionals. Staff experienced effective support by senior staff and the registered manager including ongoing supervision. This enabled them to provide good quality, effective care. People's hydration and nutritional needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff provided caring and compassionate support. People were encouraged to remain as independent in their daily activities as possible. People were treated with dignity and respect.

People's needs were holistically assessed and met by the care provided. People were treated equally and without discrimination. People were able to participate in activities regularly, some of which were provided by external companies. Complaints were well managed and responded to appropriately. End of life care was not being provided at the time of the inspection, but staff understood how to provide this effectively and compassionately. We received positive feedback about end of life care and support that had been provided.

We received positive feedback about the management of the service. The provider and registered manager promoted a positive, open and honest culture within the service and understood their regulatory responsibilities. There were appropriate systems in place to monitor and improve the service. The service had some links with the local community for the benefit of people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection – The last rating for this service was good (published 31 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sundial Cottage Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sundial Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission at the time of the inspection. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service, five relatives, one visitor and one healthcare professional about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, chef and care staff. Some people were unable to speak to us about their experience of the service, therefore we observed their experience and the care they received in communal areas.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed further information sent to us by the registered manager. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and understood the signs and types of abuse. They were confident in how to raise concerns to appropriate people or authorities. The registered manager and senior staff understood their responsibilities related to safeguarding and had taken appropriate action where any concerns were received, including involving the local authority.
- One healthcare professional told us the service was safe and that any safeguarding concerns had been "handled very well". The service took all safeguarding concerns seriously and had raised concerns about other services and agencies where required.

Assessing risk, safety monitoring and management

- Robust risk assessments were in place and were specific to people's needs. For example, people had falls risk assessments which included measures staff could take to reduce the risk of falls. Falls risks were closely monitored and reviewed on a monthly basis. Records also noted triggers that could increase people's distress and anxiety and therefore need to be monitored or avoided as appropriate.
- Appropriate risk assessments and checks were in place regarding the safety of the property for example, fire safety and water hygiene.
- We observed a staff handover where concerns about risks to people were communicated among the staff team appropriately.

Staffing and recruitment

- The level of support people required was reviewed on a monthly basis to ensure sufficient staff were in place to care for people safely. The registered manager told us that as a result of monitoring workload for staff, shift patterns and staffing levels during lunchtime had recently been changed to make workloads more manageable. We observed staffing levels to meet people's needs during the inspection and call bells were responded to quickly. One relative told us, "buzzer response is fast."
- Procedures were in place to prevent the employment of unsuitable staff. These included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Identity checks and references were obtained, a full employment history was explored, and candidates attended an interview to assess their suitability for the role.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of appropriately. We observed people receiving their medicines safely. Medicine administration records were completed effectively, and stock levels of medicines were checked daily. Staff competency in medicines management was assessed

regularly.

Preventing and controlling infection

- We observed the service to be clean and tidy. Appropriate health and safety checks were in place around the preparation of food and the kitchen had received a food hygiene rating of five out of five. Staff wore personal protective equipment such as gloves and aprons when supporting people as necessary.

Learning lessons when things go wrong

- Incidents and accidents were thoroughly investigated and acted upon by staff. This involved appropriate communication with healthcare professionals for advice or assessment when needed. The registered manager completed monthly audits of any falls in the service to look for any improvements that could be made to reduce the risk of further falls. A visitor told us that staff had taken action straight away following an incident with a person who fell in the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service provided care in line with national standards and guidance and worked to stay up to date with changes. People's needs were holistically assessed in line with best practice guidance. For example, staff used the 'Restore 2' tool to identify changes in people's physical health. The service had also developed a questionnaire to assess whether people had any needs related to their relationships or sexuality. This questionnaire was offered to everyone and people completed it if they were comfortable to do so. The provider also told us they had worked to stay up to date with GDPR (General Data Protection Regulation).
- The service was assessing and monitoring the oral health of people living in the service in line with current guidance. People were supported to maintain good oral hygiene and referrals were made to the dentist where appropriate. Other elements of physical health were assessed regularly such as people's weight and skin integrity.
- The service referred to guidance from organisations such as CQC.

Staff support: induction, training, skills and experience

- People, relatives, the visitor and the healthcare professional told us staff had suitable skills and knowledge. One relative told us, "I think there are enough staff and they are well trained." One person told us, "The staff are very good."
- The registered manager and provider were passionate about supporting staff to develop their skills. The director wanted to support staff to progress in their role and see their work as a career path. This included offering apprenticeships where able and qualifications.
- Staff who were new to care completed the Care Certificate. The Care Certificate standards are nationally recognised standards of care which staff are expected to adhere to in their daily working life to support them to deliver safe and effective care. Staff were also encouraged to undertake vocational qualifications and told us they felt supported to develop in their roles.
- Staff undertook various training within their role and had regular supervision. Some staff undertook train the trainer courses to enable them to teach other staff. The provider and registered manager undertook training regularly to ensure they were also up to date with current practice and guidance. The provider told us, "We always try to be at the forefront of what is going on."
- Staff told us that the provider and the registered manager were very approachable and supportive. This enabled them to enjoy working in the service, one staff member told us, "I absolutely love my job." The provider and registered manager told us they were contactable 24 hours a day should staff need any support urgently.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have food and drink that met their nutritional needs, one person told us, "The food here is lovely. There is plenty to eat and drink". One visitor told us, "Menus seem to be a balanced diet." A healthcare professional told us people appeared to receive enough food and drink. We observed people to have drinks available to them during the inspection.
- People had a choice of what to eat and could request something else if they did not like what was being offered. Different diets were accommodated, and the chef had a good understanding of risks associated with choking and diabetes. Textured diets were provided for those at risk of choking. Any risks associated with people's nutrition were reviewed on a monthly basis.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked well with other agencies to coordinate effective care for people, for example in conjunction with adult services.
- Many staff members had been working in the service for a long time which enabled them to know people well and supported consistency in the care people received. One staff member told us, "We've got quite a few longstanding members of staff here that choose to stay here."

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised as much as possible to minimise the disruption and distress that could be caused by moving into a residential care home. People were able to bring in their own furniture and soft furnishings for example.

Supporting people to live healthier lives, access healthcare services and support

- A healthcare professional told us staff were effective at communicating people's needs and contacting them for support at the right time. They told us, "We have a high level of trust in their ability to detect medical problems."
- Staff supported people to attend healthcare appointments as required. Staff made appropriate referrals to various healthcare professionals including, community psychiatric nurses and doctors.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA and staff understood how to support people who lacked capacity to make decisions. Mental capacity assessments and best interest decisions were in place including specific decisions for example, whether a person received medicines without their knowledge. These decisions involved other people such as healthcare professionals and relatives as appropriate.
- The service had made DoLS applications as required and monitored them to ensure applications were

made for them to be reviewed when needed. Staff were effective advocates for people and their needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received positive feedback from people and relatives about the caring nature of staff. One person told us, "I get on well with all the staff, they are polite to me and I have great respect for them." Comments from relatives included, "I couldn't wish for better care [for my relative]" and "The care is very good, and the care team are friendly."
- The provider and registered manager demonstrated a caring approach and told us they wanted to give people the best quality of life. We observed the registered manager to be very kind towards people, setting a good example for staff. There was a warm and friendly atmosphere in the service, one staff member told us, "It's just like a massive family."
- We observed staff to provide compassionate support to people. We noted staff were skilled in supporting people living with dementia for example, redirecting people who were confused in a kind and sensitive way. Staff spoke about people with fondness and knew them well. One senior staff member told us, "The staff are just wonderful here, I don't think there is anyone who doesn't love to come to work."
- We heard examples of staff demonstrating a caring approach for example, throwing birthday parties for people and their families and purchasing clothes for people who were unable to leave the service to go shopping.
- Staff were attentive towards people throughout the inspection and always spoke to people in a kind and caring way. They took time to explain things to people with cognitive impairment, to give them the best opportunity to understand what they were trying to say.

Supporting people to express their views and be involved in making decisions about their care

- People, relatives and representatives were involved in pre-assessments and care plan reviews as appropriate. Relatives were involved in people's care from the beginning as appropriate. The registered manager told us, "We will always invite family in to ensure they are happy for their family member to be here." Relatives told us that the service always kept them up to date with any changes in the care being provided to their family members.

Respecting and promoting people's privacy, dignity and independence

- We observed staff facilitating people's independence during the inspection. For example, giving people the opportunity to do something for themselves before helping them. People were encouraged to maintain their mobility and were able to access the garden with support from staff if required.
- People were treated with dignity and respect. One visitor told us, "[Staff] treat the residents with respect and dignity." They also told us visitors were always welcomed to the service and treated with kindness and

respect.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider and registered manager knew people well, including their needs, personal histories and interests. Staff were able to respond to people's needs quickly because they knew what level of support people needed.
- People had comprehensive care records that detailed their needs and any risks to their health and wellbeing. Care plans were holistic and person-centred and were reviewed monthly or when people's needs changed. 'This is me' documents were in place that noted information about people's personal histories and preferences.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which included age, disability, gender, marital status, race, religion and sexual orientation. For example, people were supported to practice their faith and meet with representatives from local churches when they came to the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and provider understood their responsibility to support people with communication needs for example, staff supported a person to use equipment to help them read information. Staff completed a communication and information needs passport to provide a clear reference on how to support people. Resources were available to staff to guide them on how to support communication needs.
- Other examples of this support included, staff had used sign language with one person in the past and pictures of the meals provided in the home were used to help people make decisions about what they would like to eat.
- We noted the registered manager and staff were skilled in adapting their communication to support people with different needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships that were important to them both within the service and in the community. Where appropriate, the service engaged other agencies such as social services to facilitate this safely.

- People were able to participate in various activities for example games, puzzles, flower arranging and reminiscent activities. Relatives and a visitor we spoke to confirmed that activities took place regularly. Some activities were facilitated by external organisations for example, themed art workshops and singing activities. Artwork that people had created was displayed around the home. One relative told us, "[person] takes part in activities. We both enjoyed a Sunday sing-along party."
- Events were held regularly throughout the year to celebrate national holidays and seasonal events for example pumpkin carving for Halloween.
- We noted lunchtime to be a sociable activity where staff kindly introduced people to each other and encouraged conversation.

Improving care quality in response to complaints or concerns

- The service had received a low number of complaints since the last inspection. Both formal and informal complaints had been appropriately managed in a timely manner and an apology was given where appropriate.

End of life care and support

- The service was not providing any end of life care at the time of the inspection. We observed records for a person that had been supported at the end of their life in the past, their care plan was person centred and included close monitoring of symptoms to ensure they were well managed. The service had also organised the person's funeral.
- The service had explored people's wishes in relation to end of life care and anticipatory care plans were in place which recorded people's preferences. We spoke to a relative of a person that had passed away at the service, they told us, "Yes they really took good care of him, there was no complaints". A healthcare professional told us the service supported people appropriately at the end of their lives. Staff had access to training in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider and registered manager created a positive culture and led by example, for instance by keeping up to date with training themselves. They also created a caring culture where people and staff were happy to be and motivated to do a good job, one staff member told us, "It's a home from home."
- Staff often attended events outside of work, such as summer parties, because they wanted to support the service and spend time with people and staff. This demonstrated an inclusive culture.
- The provider and registered manager were committed to providing quality care for people to enable them to have a good quality of life.
- Staff told us that the service was well-led, for example one staff member told us, "This whole place is run so well, we always feel like we can phone either of them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibility to be open and honest with people and their families at all times.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager understood their legal responsibilities and regulation. They had also undertaken specific training in regulation.
- The previous inspection rating was clearly displayed in the service and on the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service asked people, relatives and staff for feedback regularly. For example, they used questionnaires to seek feedback from people and relatives. We observed the results of questionnaires completed by people in February 2019 and questionnaires completed by relatives in June and July 2019. The results of both questionnaires were highly positive.
- Staff meetings were held twice a year to give staff an opportunity to discuss changes in the service.
- The service was involved in supporting the local community for example through fundraising.

Continuous learning and improving care

- The registered manager completed regular audits for example in falls that had occurred in the service, medicines management and nutritional risks.
- The provider and registered manager attended events with representatives from other adult social care providers and agencies in order to share learning and drive improvement within care services in the local area.

Working in partnership with others

- The service had links with some local community organisations that visited the service for example a children's playgroup, schools and churches. The provider told us, "We try to bring the community here." The service visited a school and spoke to students about what life is like for people living with dementia to raise awareness of the condition. The service also supported local educational establishments through offering work experience to students.