Mrs S A Jesudason

Sunnycroft 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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

This inspection was unannounced and took place on 23 February 2015. The inspection was completed by three inspectors.

At our last inspection on 25 September 2014, we found that the service was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the provider had inappropriate arrangements in place to manage medicines safely. The provider undertook to review and improve the way medicines were administered and recorded. During this inspection we found that the provider was meeting this legal requirement.

Sunnycroft is a nursing home that provides care for up to 59 older people, some of whom may be living with dementia.

This service is required to have a registered manager. 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.

The people we spoke with told us that they felt safe living at this home. Staff understood about safeguarding

Summary of findings

vulnerable people from abuse and knew what action to take to keep people safe. Risk assessments in relation to people's care, treatment and daily living were in place so that people's care was adjusted when required.

People were cared for by staff who had the necessary skills to meet their needs. The number of staff were in accordance with the provider's staffing level tool used to calculate how many staff were needed.

There were thorough recruitment processes in place that helped to ensure that only suitable staff were employed to care for vulnerable adults. This included checks on staff recruited from overseas.

People were cared for and supported by staff who were well trained, knowledgeable and experienced. Staff had access to training that was relevant to their role. Staff received regular supervision and annual appraisal.

Staff had received training about the Mental Capacity Act and Deprivation of Liberty Safeguards. They understood how this legislation affected the way they supported people and acted in their best interests. The mental capacity assessment tool needed to be improved to show whether the person had capacity to make decisions for themselves.

People received food and drink that met their needs. People at risk of malnutrition were supported to eat well and meals were fortified as required.

People were supported by kind, compassionate and considerate staff who encouraged people to be as independent as possible and who promoted their rights. Staff met people's needs in an individualised, person-centred way.

Care plans provided sufficient information for staff to know how to support people. Care plans about end of life care and managing pain needed to be developed further. Where necessary, staff referred people to other health professionals in a timely way.

The views of people, their relatives and staff were sought. Staff felt valued because they were listened to and encouraged to be involved in the development of the quality of the service.

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 safe.

People felt safe and staff knew about safeguarding people from abuse and what to do if they suspected abuse was occurring.

Safe arrangements were in place in regard to the storage, administration and recording of medicines.

There were sufficient staff employed to meet people's needs.

People's risks in relation to their care had been assessed and risk management plans were in place as necessary.

Good

Is the service effective?
The service was effective.

People were supported by staff who were well trained, knowledgeable and experienced. Staff were supported through the supervision and appraisal processes.

Staff knew about and understood their responsibilities in respect of the Mental Capacity Act and Deprivation of Liberty Safeguards. Mental capacity assessments needed further development.

Where necessary people were supported to eat and drink and choices of food and drink were available. People were protected from the risks of malnutrition, with special diets being provided as required.

Good

Is the service caring?
The service was caring.

People were supported by kind, attentive and caring staff.

People were encouraged and supported to be as independent as possible and their rights to dignity and privacy were promoted.

Where they were able, people were encouraged to be involved in planning their own care.

Good

Is the service responsive?
The service was not consistently responsive.

Care plans were in place that provided information to staff. However, not all care plan files had care plans for people who could not say that they were in pain or who were nearing the end of their life.

People could choose to attend hobbies and activities that took place each day.

Requires Improvement

Summary of findings

People and their relatives knew how to complain if they were unhappy with the service.

Is the service well-led?

Good

The service was well-led.

Staff felt valued because they were encouraged to voice their views and opinions about how the quality of the service could be improved.

Quality monitoring was taking place to ensure that the service continued to develop.

The views of people using the service and their relatives were sought. Meetings were arranged regularly so that people and their relatives could air their opinions and suggestions about how to improve the service.

Sunnycroft Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 23 February 2015 and was unannounced. The inspection was completed by three inspectors.

Before the inspection, we reviewed notifications that had been sent to us by the service. These are reports required by law, such as the death of people, safeguarding, accidents or injuries. We also contacted the local authority quality monitoring team to seek their views about the quality of the service provided.

During the course of the inspection we gathered information from a variety of sources. For example we 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.

The records we looked at included staff rotas, medication records, Mental Capacity Act assessments and Deprivation of Liberty Safeguard applications plus the care records of nine people.

We also spoke with approximately 12 people, five visitors and nine staff, including care staff, chef, deputy manager and the registered manager. We also spoke with the provider.

Good

Is the service safe?

Our findings

Our previous inspection on 25 September 2014, found that there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the provider had inappropriate arrangements in place to manage medicines. The provider undertook to review and improve the way medicines were administered and recorded. During this inspection we found that the provider was meeting this legal requirement.

We saw that accurate medication records were kept, including the administration records and those referring to controlled drugs. We observed one nurse and one care worker undertake medication rounds and saw that people received their medicines at the correct time and in a safe manner. We reviewed six Medication Administration Records (MAR) and saw that the records were completed correctly and did not contain any gaps.

Staff were trained so that they were competent to administer medicines safely. We saw that care staff who administered medicines had been appropriately trained by one of the registered nurses and this included supervised practice. There was a procedure in place for when medication errors occurred and this included the retraining of staff as required.

We received mixed views from people as to whether they thought there were enough staff on duty to support them when they wished. One person told us, “The staff are all very nice but I hardly ever see them because they are so busy.” Another person said, “Staff don’t come into my room often, it’s because they are so busy.” However, most people spoken with said there were staff available when they needed them. One person said, “Staff always come when I call them.” Relatives also had mixed opinions about the availability of staff.

Staff we spoke with told us that they felt generally there were enough staff on duty unless someone telephoned in sick at short notice, making it difficult for cover to be arranged. They said that if this happened, then staff had to prioritise the care, treatment and support they gave to people.

We spoke with the registered manager about the levels of staff employed in the home. They said that on the ground floor there was a registered nurse and five care staff and on the first floor there were three care staff employed. At night there was a registered nurse and four care staff on duty. In addition there was an activities co-ordinator employed during the day to support people to engage in hobbies and interests. These complied with the required numbers according to the staffing level tool used by the provider.

During our inspection we observed staff attend to people in a timely manner for the majority of the time. Staff were seen sitting with people and chatting to them. We noted that some people had their personal care attended to in the afternoon in relation to having a bath or shower. People however did tell us that they did not mind this.

All the people we spoke with said that they felt safe and did not have any concerns. We spoke with six care staff and they all displayed an in-depth knowledge about safeguarding vulnerable adults. Staff could tell us about the different types of abuse and adequately explained what they would do if they suspected abuse was occurring. This followed the provider’s safeguarding policy.

The registered manager advised us of suspected or potential abuse and they kept us updated about the actions they had taken to address these concerns.

People’s risks in relation to their care needs had been assessed. We reviewed nine care plans and saw that any risks to people had been identified with a management plan in place. Risks included those in relation to moving and handling, falls, malnutrition and dehydration and pressure ulcers. We noted that nationally recognised screening tools had been used appropriately to help determine risks to people. We saw that people’s risk assessments had been reviewed on a monthly basis. This helped staff to determine if there were any changes in people’s needs and the care, treatment and support that they required.

During the review of people’s care plans we saw that any accidents they had sustained had been appropriately documented on an accident form. This included the details of the accident and the subsequent actions taken. This meant that the risk of a reoccurrence had been reduced.

We saw that the service had business continuity arrangements in place. These included for example plans and procedures in the event of fire or loss of utilities. The

Good

Is the service safe?

staff we spoke with were aware of these procedures as well as important telephone numbers, including emergency contact numbers for the possible failure of the boiler and the nurse call system.

We looked at the staff recruitment processes used at the home and saw that they were appropriate. All potential staff were required to attend an interview and provide a minimum of two written references. Steps were in place to carry out checks to ensure that the person was appropriate to work with vulnerable people. These included checks on staff recruited from overseas. Staff confirmed that they had completed a recruitment process that included them providing names for references and also a Criminal Records Bureau check.

Good

Is the service effective?

Our findings

People were supported by staff with the necessary skills, knowledge and experience to meet their needs effectively. Staff described the training and development that was available to them, including nationally recognised qualifications in care. It was evident that staff had a good standard of knowledge about the different conditions of the people they cared for, especially in relation to dementia care. Staff told us about the different types of dementia and how people who lived with dementia could be best supported. The staff we spoke to could tell us about the importance of person-centred care and explained that they tried to give individualised support according to people's needs.

We spoke with the registered manager who provided us with the staff training matrix and this showed that staff received training that was relevant to their role. As well as using e-learning, staff also had access to face to face training with recognised training providers. Qualified staff also had their specific training needs met. For example, having access to refresher wound care training.

Staff told us they felt well supported and that they received regular supervision and appraisal. We were told that staff received supervision every two to three months, with responsibility for supervision being delegated between the senior staff team. For example, the deputy manager who is a registered nurse undertook the supervision process for all nurses.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). We were told that four applications had been made to the Local Authority for authorisation to deprive some aspects of four people's liberty. This was because they lacked capacity to consent to certain aspects of their care that were essential for their protection and to keep them safe from harm. At the time of this inspection, authorisation had not yet been given.

Assessments of people's capacity had been made. The assessments were on a generic form and were in the form of tick boxes. There were no outcomes documented from the assessments which meant that we could not be sure that people had been assessed as lacking capacity. We discussed this with the registered manager who was aware that people required mental capacity assessments in line with the Mental Capacity Act (MCA). They told us that they were currently addressing this situation.

Staff confirmed that they had received training about the MCA and DoLS. They were able to explain the principles of the MCA and how it applied to people living at the home. They explained the different communication techniques they used to help people understand what was being said to them. This was so that people were assisted to make informed decisions about the care and support they received. Staff told us they used verbal and non-verbal communication, including the use of pictures to help people understand.

Three of the care plans we reviewed showed that the people had been assessed as being potentially at risk of malnutrition. We saw that they had been referred to a dietician as appropriate and there were clear instructions in their care plans in relation to how the person should be supported to have enough to eat and drink. Records showed that staff had followed the care plans and they had completed food and fluid charts to show how much the person had eaten and drunk throughout the day and at night.

Throughout the day we saw that people were offered different drinks. People who chose to stay in their rooms had fruit juice and water within their reach. This helped to ensure that people's hydration needs were met.

We saw that information was available to staff in relation to nutrition and people's individual needs. This included information about different diets such as fortified, liquidised, soft and diabetic. All of the staff we spoke with showed a good understanding about people's nutritional needs and how they should be supported.

We observed the lunchtime period in both dining rooms and saw that those people requiring assistance to eat were supported discreetly. Staff sat beside them and chatted about things that were of interest to the person. Staff took their time and supported people to eat their food. This was done in a kind and dignified manner.

There were suitable choices of food and drink for people at lunchtime. People were supported to make their choices and were shown the food available where they could not decide what to eat. Sandwiches were available at

Good

Is the service effective?

lunchtime for people who refused all other choices on offer. We saw that people could use adapted plates, cups and cutlery as required. This helped people to eat independently and promoted their food and drink intake.

Records showed that people were supported to maintain good health and they had access to healthcare services. This included records in relation to people being seen by health professionals such as the dietician, speciality consultants, and their GP and podiatry services.

Good

Is the service caring?

Our findings

All of the people we spoke with said that they thought the staff were kind and caring. One person said, “The staff are alright. They are busy most of the time but nice enough.” Another person told us, “The staff are wonderful and very kind.”

Throughout our inspection we saw that staff were compassionate and respectful at all times. They supported people in a kind and considerate way. It was evident that they knew the needs of the people they cared for well. We observed positive interactions. Staff encouraged people to maintain their independence but ensured that they were available to assist the person if required.

The relatives we spoke with told us that they felt their needs as relatives were met. One person said, “We don’t have to worry. If my [family member] has a fall or anything they [the staff] ring us up straight away.”

We asked people if they had been involved in the planning of their care. Some people could not remember, some people said not and some said they had. One person told us, “I was involved in the writing of my care plan and how I wanted to be looked after.” Throughout our inspection we saw that people were encouraged to make decisions about their care and daily living activity.

People told us they could make choices around daily living. People were involved in deciding where and how they wished to spend their day. We saw that staff listened to what people said and involved them as much as possible in making decisions. People had options explained to them and staff respected the decisions that people made.

We saw that people looked well cared for. They wore clean clothes and staff wiped their mouths after they had finished eating their lunch where necessary. People’s right to confidentiality was respected and discussions about their care and treatment were carried out away from areas where other people might overhear. We saw that people’s privacy and dignity was respected and promoted at all times. Staff knocked on people’s doors before entering their room and all personal care was delivered in privacy. Staff spoke with people in an appropriate manner.

During our observations of the lunch time meal, we saw that people who required assistance were given this in a dignified manner. Staff took their time with people and maintained verbal and non-verbal communication with them.

Visitors said they could call into the home whenever they wished. They said that staff made them feel welcome and we saw staff welcoming visitors into the home.

Requires Improvement

Is the service responsive?

Our findings

We saw that there were different activities and hobbies for people to join in with throughout the day. These included quizzes, gentle exercises, craft work and games. There was also time allocated for people to receive one to one activities. We asked people if they were able to stay occupied according to their wishes. One person said, "I'm happy here. I have a big television so that keeps me occupied." However, another person told us, "I get a bit fed up." During the afternoon we observed eight people in the main lounge listening to an outside entertainer. People were seen to be enjoying the performance.

We looked at a number of people's bedrooms and saw that they had been personalised to meet the needs and preferences of the individual. People had their own pictures, photographs, ornaments and furniture as they wished.

All of the people we spoke with knew how to complain if they needed to. Each person told us they did not have any complaints. They said that if they had then they would tell the staff. One relative we spoke with told us, "I know how to complain. The procedure was in the information pack given to me before [relative] moved in."

We noted that copies of the complaints procedure were not readily available and the registered manager said that these would be put in the information rack in the entrance hall after the inspection.

We looked at the care records for nine people living in the home. Care plans contained some good person-centred information and focused on empowering the person to have choice and control over their daily living and care arrangements. Care plans and associated assessments covered all the common elements of health, and care needs, although the amount of information about social care needs was variable. However, there were some gaps when people had more individual specific needs. For example, we did not see care plans for people who were not able to verbally communicate pain and one person who was said to be at the end of their life had no care plans in place that reflected this change.

We also found that there was some evidence that care plans were being reviewed and updated monthly but some of the updated information was placed on a separate review form. This increased the risk of the information being lost as it was not transferred to the main care plan. For example, one person's care plan said they could communicate verbally and enjoyed talking. In the review records it said that this person's health had deteriorated and they could not communicate clearly and was very hard to understand. We observed this person and their health had deteriorated to the point they could no longer communicate verbally.

All of the staff we spoke with could tell us about the importance of personalised care. They said that people had individual needs and that they aimed to meet these. They did however say that if the home was short-staffed then people's care was not as individualised as they would like it to be.

Good

Is the service well-led?

Our findings

All of the staff we spoke with said that they felt supported by the registered manager. They said that this included being supported to try and help the service move forward. They said that they were encouraged to discuss and introduce change in order to effectively meet people's needs.

Staff told us that they received regular supervision, when they could discuss issues relevant to their role. They said they found these meetings helpful. Staff also told us that regular staff meetings took place and that they were encouraged to raise any concerns or suggestions. They told us that they felt listened to by the registered manager and that this made them feel valued and included in how the service was run. Staff described how they were regularly asked for their views, including through an annual staff survey. They felt that any concerns or issues they had were addressed appropriately.

Staff told us that they felt the culture of the service had improved over the past year. They said that some 'entrenched practice' had been eradicated. Staff said that they were all working towards making improvements and spoke about how documentation had been developed to aid this.

As part of the quality development of the home we were told that there were staff leads for different areas of the service. These included infection control and dementia care. We saw that some of the staff taught others about evidence based care. This meant that knowledge and skills were shared between staff to help ensure the service delivered quality care.

We looked at the complaint records and saw that only one complaint had been received in the last year and this had been investigated.

Quality monitoring was taking place in respect of the care provided to people. Medication audits took place frequently and any discrepancies were identified and dealt with accordingly. People's care plans were audited each month to ensure that they contained the relevant information to meet the person's needs. Accidents and falls audits were completed each month so that any patterns could be identified. We saw that a thorough analysis was completed and action was taken to help reduce the risk of further accidents or falls occurring.

Audits of the environment were completed as required. We saw that weekly safety checks of each bedroom and all communal areas were completed by the maintenance worker, with any remedial work being recorded once completed. We also saw that regular maintenance checks were completed in respect of items such as hoists, fire safety equipment, gas appliances and portable electrical equipment.

The registered manager told us that people and their relatives were consulted about the quality of the service. Relatives meetings were arranged although the attendance was very low. The registered manager described how it was difficult to set a meeting time that was convenient to all relatives. Most residents preferred not to attend the meetings so the registered manager said that they went around and saw each person to have a chat about how they felt things were at the home.

We saw the results of the last annual staff, resident and relative quality surveys and these showed high levels of satisfaction in all cases.

We checked our records prior to this inspection and saw that we had received notifications from the registered manager in a timely way. Notifications are reports sent to us by the registered manager or provider to advise us of any incidents or changes occurring at the service.