

Lyndale (Hereford) Limited

Sunnydale

Inspection report

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Tel: 01588673443

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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

Sunnydale is a residential care home which provides personal care to up to 10 people. On the day of our inspection seven people lived at the home. People are aged 18 and over and may have mental health conditions, misuse drugs and alcohol or have a physical disability. The service can support people permanently or for rehabilitation following mental health crisis.

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

People felt safe and able to talk to staff about anything that worried them. People were protected from the risk of abuse and staff knew how to report any safety concerns. Risks associated with people's care and the environment had been identified and measures were in place to help reduce these risks. People received their medicines when they needed. People contributed to keeping the home clean and tidy.

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.

People's holistic needs were assessed to enable effective care to be planned for them. Staff received support to develop their knowledge and skills for their role. The provider worked with other healthcare professionals to help ensure people's care and health needs were effectively met. People were supported to eat and drink enough to maintain their health and contributed to cooking meals.

People were supported by a kind and caring staff team. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People's privacy was respected, and their personal information was kept securely.

People received care and support which was person-centred and met their individual needs. There were arrangements in place for people to raise concerns about the service. People received information in the way they could understand.

The culture and staff practice at the home supported good outcomes for people. People felt settled, secure and part of a family whilst they lived at the home. The provider and registered manager monitored the service to ensure they continued to provide a good quality service that kept people safe and met their needs.

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 20 September 2017).

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.

Sunnydale

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 completed by one inspector.

Service and service type

Sunnydale is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. 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.

The registered manager was not at the home on the day of our inspection.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 five people who used the service about their experience of the care provided. We spoke with six members of staff including care staff and the deputy manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including training records, quality checks, policies and procedures.

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

- People continued to feel safe at Sunnydale and spoke about feeling a part of a 'family'. They told us they felt safe because there was always someone around and always someone to talk to.
- Staff had received training in safeguarding adults. They understand the processes they would need to follow for reporting any abuse, safety concerns or incidents.

Assessing risk, safety monitoring and management

- Risks to people had been identified and were safely managed. These included environmental and individual risk assessments and provided staff with guidance on actions to take to reduce the risk.
- There was a focus on people staying safe whilst remaining as independent as possible. The systems at the home and people's risk assessments supported this. One person told us they enjoyed going out and was always accompanied by a staff member. They understood this was for their own safety and were happy with the arrangement.
- Plans were in place to ensure people were supported by staff safely in the event of an emergency at the home. People told us the fire alarms were regularly tested and they had been taught how to leave the building safely in an emergency.

Staffing and recruitment

- People were supported by enough staff to safely meet their needs. People told us there were always enough staff around when they wanted them.
- Since our previous inspection, the service no longer relied on agency staff and were now fully staffed.
- Staff continued to be recruited safely. One staff member told us about the employment, identity and criminal checks which had they had gone through before recently starting work at the home.

Using medicines safely

- People received their medicines safely and on time. They told us they were happy with the support they received. One person told us they were soon to start working with staff to enable them to self-administer their own medicines.
- Staff's practice was regularly checked to ensure they remained competent to administer people's medicines.

Preventing and controlling infection

- People were protected from the risk of infection at the home. Staff wore gloves and aprons as necessary and maintained good hygiene practices in high risk areas, such as the kitchen.

- The home was clean and well maintained. People took responsibility for tidying and cleaning their own rooms but were supported by staff as necessary to achieve this.

Learning lessons when things go wrong

- Staff understood their responsibility in reporting and recording accidents and safety incidents.
- Managers at the home and the provider had overview of accidents and incidents to ensure appropriate actions have been taken. They also identified any trends or if anything else could be done differently in the future to minimise the risk of harm to people.

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 now 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

- People's holistic needs were assessed and staff used these assessments to create care and support plans. This included people's mental health, personal care, oral health, cultural, social or sexuality preferences. This helped to ensure staff had the skills and knowledge to support people.
- Staff communicated effectively about people's needs with each other and between shifts. Staff used daily diaries and a shift planner and handover document to ensure important information was recorded and passed on.

Staff support: induction, training, skills and experience

- People told us they were happy staff knew how to support them and felt they were trained well.
- Staff continued to receive the training they needed to meet people's specific needs. This was monitored and kept updated.
- Staff induction was structured and linked to the care certificate, which is a set of standards that social care and health workers must adhere to. Staff were given opportunities to develop their knowledge and complete nationally recognised health and social care qualifications.

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

- People were encouraged to maintain a healthy diet and chose what they had to eat and drink. They cooked their own meals or meals for everyone, baked and made drinks with staff support as required.
- People contributed to menu planning and told us there was plenty of home cooking, with the occasional take away. One staff member said, "We are constantly tweaking the menus to keep it interesting. We'll make croissants or boiled eggs as a surprise and everyone will eat them."
- Where staff had identified risk associated with people's eating and drinking, this had been referred to health professionals for advice and treatment.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider had effective partnership with external professionals. This included community mental health teams, social workers and occupational therapy. This helped to ensure people received effective and coordinated care.
- People were supported to maintain good health and their health needs were monitored and met. Staff ensured people received health screening as required. This was for long term health conditions, such as diabetes and age-related screening.

- Staff worked closely with the local GP practice and district nurse team to make sure people received their health care in a timely manner. Where people needed appointments, these were arranged quickly.

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

- People told us the home's environment met their needs. People had access to a kitchenette area where they could make drinks and snacks independently.
- The home was in good repair and personalised to make it inviting. People decorated their own rooms as they wanted to and had access to communal areas and the garden.
- Since our previous inspection the whole home had been redecorated and a new kitchen installed.

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.

- People's consent was sought before they received care. They told us they had freedom to make their own decisions, with support from staff if needed. People who had been admitted for rehabilitation were asked to confirm their commitment and contribution to their support plans by signing them.
- People had capacity to make their own decisions. Where needed assessments had been completed to ensure people had the capacity to make specific decisions about their care. This helped to ensure people's rights were respected.
- Staff and managers had received training to enable them to understand their responsibilities in accordance with the MCA.

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

- People gave us positive feedback on the support they got and the caring nature of staff. One person told us, "I love it here, there are good staff here and they look after us." Another person said, "The staff make me feel settled."
- Staff had created a relaxed and friendly home and were familiar with people's needs, preferences and personalities. They demonstrated good interaction and engagement with people. People were relaxed around staff and there was a mutual respect. One person said, "The staff are fair and eager to help me if I'm not having a good day."
- People and the deputy manager gave us examples where staff had gone the extra mile in their compassion for people. The support given to people had demonstrated they lived in a kind and caring environment. One person told us they had been surprised at the kindness shown to them by staff on one particular occasion. Another person told us they had been visited by staff when they were in hospital.
- People were respected as equals by staff and the management team. The deputy manager told us sometimes people did not want to participate in a planned activity outside of the home. They said, "We make people feel special. If people do not want to do a group activity outside of the home, those who don't go will be made to feel special. We'll have a treat at the home, which could just be a fish and chip lunch. This way they feel included and don't have a feeling of being left out."

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

- People were supported to retain their own identities, make their own decisions and to have a say in their own care, treatment and lives. People told us they felt fully involved in everything which happened to them. One person said, "I am in control of my care plan and what happens to me. I know what my long-term plan is."
- People told us they felt listened to and were able to spend one to one time with staff. One person said, "The staff make time for us if we need to sit and talk to them. It's all about what I want to do."
- People told us the caring nature of staff had been put into practice following the death of one person who had lived at the home. People had been supported to express their views on how they wanted to remember the person. People at the home had agreed they wanted to design and make a fairy garden in memory of the person. This had the full backing of the staff and managers.

Respecting and promoting people's privacy, dignity and independence

- People were provided with the support they needed to help them remain as independent as possible or to improve their independence. One person told us, "This place is all about independence and for me, it's

about getting me back out into society."

- Staff respected people's privacy and dignity. People told us staff listened to them and respected when they wanted to be alone. They also told us staff spoke to them in a dignified way and as an equal.
- People's sensitive, personal information was kept secure. The provider's privacy statements and information on the General Data Protection Regulation (GDPR) was given and explained to people when they arrived at the home. The GDPR is a regulation on the protection and privacy of people's data.

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

- People received care which was personalised to their own individual needs. People's support plans detailed their goals, which were broken down into smaller activities to help ensure they were manageable and achievable. One person said, "I feel I'm doing a lot more for myself."
- People felt listened to, respected and felt in control of their own care. Some people were being supported to enable them to move to more independent living settings. One person said, "They (staff) have helped me to be able to cope with the outside world, building me up to move out." Another person said about staff, "They drive me forward and push me to do what I need to do to achieve. They are giving me the skills I need."
- People were encouraged to record their own daily notes to help keep them involved and in control of their care. They wrote about what they had done to help them reflect on how they felt their day had been. Staff had utilised technology to enable people to be involved in this.

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 told us they took part in a wide range of activities they enjoyed and wanted to do. One person told us the availability of things to do had greatly improved since our previous inspection. People were supported to access employment, the local community and to keep in contact with family.
- People had created a vegetable garden, which they had taken responsibility for. They all told us they enjoyed the results of this; cooking and eating the produce they had grown. One person told us, "I felt really proud."
- Pictures of people filled the home which showed them enjoying themselves. One person told us about the therapy dog who visited the home. They said, "The residents love it, we all fuss around it and it helps to take my mind off things." Other people told us they enjoyed their shopping trips, movie nights with popcorn and bingo, which they enjoyed due to the chance to win prizes.

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 provider was meeting the Accessible Information Standards.
- People's care records had clear information on how staff should support them to access information, any adaptations they may need and what training staff may need to be able to support the person. For example,

if a person's reading skills were not good, it was made clear staff should give information verbally to them.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they needed to. They told us they would feel comfortable to speak with a member of staff or a manager if they had any concerns.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them. Complainants were informed of the outcome of their complaint and used as an opportunity to learn and improve practice as needed.

End of life care and support

- Most people who lived at the home were younger adults and so not expected to die whilst there. Staff and the deputy manager spoke about the difficulties of discussing people's wishes because of this. However, they recognised because sudden death could occur at any time, they needed to ensure they had people's preferences recorded.

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

- People were supported in a welcoming and friendly environment. Staff had created a positive culture at the home where people felt valued. One person said, "It benefits me being here."
- People spoke about feeling a part of a family at Sunnydale and having a sense of security. One staff member said, "This is a happy home." and the deputy manager told us, "This is our workplace, but it is their home and we must not forget that." Staff respected their workplace was people's home. This was demonstrated in the décor of the home and the positive attitude of staff towards people.
- Staff provided people with the opportunity to develop their living skills and achieve the outcomes they wanted. One person said, "This is the best place I have been, and it has been a godsend. The staff are awesome."

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

- Staff understood the processes they need to work to. They knew people well, care was person-centred and focused on people's health and well-being. They worked well as a team and said they felt supported by the managers.
- The provider's quality processes worked effectively. Managers and staff had responsibilities to audit medicines and care records, complete environmental checks and observations of staff practice.
- The provider had oversight of the home and supported the managers in their roles.
- The registered manager met their regulatory responsibilities. They had notified us of significant events which had occurred at the home, in line with their legal obligations. The provider had displayed the rating from the previous inspection in the home and on their website, in line with our requirements.

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

- People who lived at the home had opportunities to be involved in what happened. One person told us they all decided what they wanted to do for trips out. People had also chosen the new flooring and paint for the home.
- Staff told us they felt listened to by managers. They attended regular meetings where they had opportunities to give their ideas for and to be kept involved in improvements to the service.
- The registered manager played an active part in the home. People were very familiar with who the

managers were. People and staff told us they saw and spoke with the managers regularly. One staff member told us the managers were "hands on" and worked alongside staff. This also gave them the opportunity to engage with people and observe staff practice.

Continuous learning and improving care

- Staff spoke about improvements since last inspection and felt the staff team and teamworking were the biggest improvements for them. They related this to the positive impact this has had on people as they received care from a more stable staff team.
- People's care was delivered in line with current best practice. Staff training was kept up to date to ensure practice was up to date. The provider employed professionals, such as a psychiatrist, who supported managers and gave guidance on best practice as required.

Working in partnership with others

- Staff worked in partnership with other services such as local health teams, community mental health teams and social workers. This helped to ensure safe and effective care and support was given to people.