

Sunnycroft Homes Limited

Field House

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

The inspection took place on 22 September 2016 and was unannounced. Field House provides accommodation and personal care for up to six people, with complex care needs which may include mental health and physical disabilities. There were six people living at the home at the time of our inspection. People had the use of a number of communal areas including a lounge and conservatory dining area and a garden, and their own rooms.

We spoke with five people about the care and support they received. The examples we have given are therefore brief because we respect people's right to confidentiality.

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

People's views on how risks to their safety and well-being could be reduced were taken into account in the way staff supported them. People's safety and care needs were understood by staff and staff took action so people's safety and well-being needs would be promoted. There were enough staff to care for people and staff had opportunities to chat to people so they did not feel isolated and to prevent them from becoming anxious. Staff were confident action would be taken if they raised any concerns for people's safety or well-being. People were involved in decisions about how they supported to take their medicines so they would remain well.

People benefited from receiving care from staff who had the training they needed to develop their skills and meet people's care needs. Staff cared for people in ways which recognised people's rights to make their own decisions. Where people required some support from staff in order to choose from a range of options this was provided by staff. Staff supported people in ways which protected their freedoms and recognised their independence. People enjoyed the meals and drinks provided and had enough to eat to remain well. People received help from staff to see health professionals and staff advocated on people's behalf so they would enjoy the best health possible.

People were supported by staff who knew them well. People had built caring relationships with staff and enjoyed spending time with them. People were encouraged to make their own decisions about how they spent their time, and were confident staff would support them to decide how they wanted to live their lives. People's rights to dignity and privacy was understood and acted upon by staff.

People's views on what care they wanted, and how they wanted to receive this was used to develop plans which addressed people's individual needs. Plans for people's care took into account their preferences, health and life histories. Staff supported people in ways which recognised where they were independent and helped to ensure people had opportunities to do things they enjoyed doing and express themselves. People

were confident action would be taken if they made any complaints about the care they received.

People were encouraged to let staff know what they thought of the care they received, and their views were used to inform further development of the services offered at the home. Staff were given clear guidance in understanding their roles and were supported by senior staff to provide the care people wanted. Checks were made on the quality of the care by registered manager and provider and staff took action to further improve people's experience of living at the home.

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.

People were supported by staff who understood risks to people's safety and knew what action to take if they had concerns for people's well-being. There were enough staff to meet people's care and safety needs. People received their medicines in ways which helped them to stay as safe as possible.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who used their knowledge and skills when supporting them. Staff took action to promote people's rights and cared for people in ways which helped them to enjoy the best health possible. People had enough to eat and drink so they remained well.

Is the service caring?

Good ●

The service was caring.

People had built caring relationships with staff who understood their needs, life histories and preferences. People received support when this was needed so they were able to make their own day to day decisions. Staff recognised people's right to be treated with dignity and took action so people enjoyed privacy.

Is the service responsive?

Good ●

The service was very responsive.

People decided what care they wanted and how this was to be given. Staff advocated on behalf of people with other professionals, so they would benefit from the best care possible. People had opportunities to do things they enjoyed and were empowered to maintain relationships that were important to them. People were confident if they raised any complaints these would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

People were encouraged to make suggestions about their own care and how the home was run. Staff felt supported and were given clear directions by senior staff. The registered managers checked on the quality of the services people received and took action to develop the service further.

Field House

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 22 September 2016 and was carried out by one inspector. The inspection was unannounced.

We requested information about the home from the Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who used the service and monitoring its quality. We also reviewed information we held about the home including statutory notifications which had been sent to us by the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During our inspection we spent time with people in the communal areas of the home and spoke with five people. We spoke with the provider's representative, who was also a registered manager, and the second registered manager and three care workers. We also spoke with one person's relative on the telephone.

We looked at three people's care and medicines records. We looked at the records showing how staff checked people were enjoying the best health possible. These included records showing when people had seen health care professionals.

We looked at records of staff training, two staff member's recruitment files, and sampled some of the policies and procedures which had been put in place to support people and staff. We also looked at information about how the registered managers and provider monitored the quality of the service, minutes of meetings with people living at the home, minutes of staff meetings and complaint records. We also sampled questionnaires which had been completed by people who lived at the home, their relatives and other professionals. We saw the actions which had been taken to further develop the care people received.

Is the service safe?

Our findings

People told us staff understood their safety needs and worked with them so their care was given in ways which helped them to stay safe. One person told us staff had involved them in decisions about the best way for them to stay safe when they were assisted to move. Another person told us staff understood they did not feel very safe when they travelled and explained how staff helped to reassure them. All the people we spoke with said they were confident staff would take action to support them if they had any concerns for their safety. The relative we spoke with highlighted how staff had used their skills to reassure their family member, so they felt safe and secure. We saw people were comfortable with staff and that staff took time to ask people if they needed any support. We also saw staff provided people with reassurance when they needed it, so people did not become distressed.

Staff knew the types of abuse people were at risk of. Staff gave us examples of how they would support people if they felt anyone was at risk of harm or abuse. Staff also knew how to raise any concerns they had with organisations with responsibility to help people to stay safe. All the staff we spoke with were confident plans would be put in place by the registered managers to help to protect people if this was needed.

People gave us examples of when they had requested support from staff so their safety needs would be met. One person told us they had agreed specific support from staff so they would have the reassurance they needed at the time which was best for them. The person explained staff always supported them to feel safe in the way they wanted, and this helped them to feel less anxious. Another person told us staff frequently helped them to manage risks relating to their health. The person told us, "I can rely on staff."

Staff we spoke with had a clear understanding of risks to people's safety. Staff told us they found out about people's risks by talking with people and checking their care plans. Staff explained by doing this they knew what action to take so people would be supported to manage risks to their safety. One staff member highlighted how noisy environments affected some people's well-being. The staff member gave us examples of the actions they took, so the risks to people living in the home were reduced when they were out enjoying themselves, locally. Another staff member told us how they supported people so risks to their physical safety were reduced. The staff member said this included finding ways to work with people so the risk of them having too much medicine was reduced. A further staff member explained the actions staff took to support people when they choose to go out of the home.

One staff member told us, "The best things about my job is looking after people and making them safe." We saw staff had worked with health professionals so risks to people's physical and mental health were reduced. Staff were provided with clear guidance on how to support people to manage risks to their safety through people's care plans and risk assessments. We also saw staff followed the care plans so people's safety was promoted when staff supported them. For example, where people wanted support when moving around the home and gardens staff provided this.

The provider and registered managers had sought assurances new staff were suitable to work with people living at the home. This included checking with the Disclosure and Barring Service, (DBS), before staff started

to work with people. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who need care. We also saw references had been obtained and checked by the provider and registered managers.

People told us there was enough staff to care for them ways which helped them to stay safe, and to support them to do things they enjoyed in the community. One person highlighted how quickly staff responded when they asked for support. We saw this happen during our inspection. Another person said they needed regular help from staff and they were always available to provide care when needed. The relative we spoke with told us there were enough staff to care for their family member. All the staff we spoke with told us there were enough staff to support people in ways which promoted people's safety and well-being. One staff member said, "They [people] all get one to one time with staff, and there's time to sit with them and chat." Another staff member explained how additional staffing was provided by staff who already knew people's safety and care needs well. We saw where people needed support to do things they enjoyed staff were available to care for them. We also saw staff took time to talk with people to reduce the chance of people becoming lonely or worried.

People told us they were supported to have the medicines they needed, in the ways they preferred. One person said staff knew exactly how they liked to take their medicines and took action to support them, regularly. The person told us, "I need my medicines and staff always give them to me." The relative we spoke with explained staff had taken action to make sure their family member had the medicines they needed when they had a short illness.

There were systems in place which supported staff to give people their medicine in ways which helped people to stay as safe as possible. Staff told us they were not able to administer medicines until they had received training and their competency had been checked. One staff member explained the support they received before they gave people medicines had been good. The staff member told us they had watched more experienced staff who then observed them giving people their medicines, until "I felt comfortable." Another staff member told us about plans which had been put in place to reduce the risks of one person having too much medicine when they were away from the home. Staff explained regular checks on medicines were made by the registered managers so they were assured people received their medicines in safe ways. We saw staff kept clear records of the medicines administered to people. We also saw staff supported people to take their medicines in the ways they preferred and people's medicines were securely stored.

Is the service effective?

Our findings

People gave us examples of how staff used the skills and knowledge they had to meet people's needs. One person told us about the training staff had done and how they had worked out together the best way for them to be supported. Another person said staff knew how to help them to maintain their health. The relative we spoke with was positive about the way staff used their skills to support their family member and told us as a result of this, "[Person's name] is in the best place."

Staff told us they had undertaken the types of training needed to support people living at the home. One staff member told us about the training they had received so they would be able to promote people's rights. Another staff member told us about the training they had received so they would be able to support people to have a healthy diet and to reassure people when they were anxious. A further staff member said of the training they had done, "It makes you more aware of how the care you give affects people. It's about protecting people and staff." All the staff we spoke with were confident if they requested additional training this would be provided, so people's needs would be met.

We saw the training staff had undertaken was linked to the needs of the people living at the home. The registered managers told us about plans for additional training for staff, so people would continue to be supported by staff who had the skills and knowledge required to care for people as people's needs changed.

Staff told us they were supported to provide good care to people through regular one to one meetings with their managers. One staff member said, "Supervision gives you the chance to talk through any concerns you have for people, and to look at new ways of working." Another staff member told us about the support they received during regular staff meetings. The staff member said these gave staff the opportunity to learn from each other and to make sure people had the support they needed. We spoke with one staff member about the training they had done when they came to work at the home. The staff member told us the training they had done had supported them to care for people. The staff member also said they had initially worked with more experienced staff. The staff member told us, "This shows you the way to help individual people, and I had time to chat to people, so I could get to know them."

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. We checked whether the service was working within the principles of the MCA.

People told us they were supported and encouraged by staff to make their own decisions, such as decisions about their lifestyle. We saw staff supported people in ways which promoted people's rights to make their own decisions, and where support was required this was given by staff. One staff member explained about the approach they were expected to follow. The staff member told us, "You encourage, but understand it's their [people's] right to choose." Staff had received training to support them to understand how to promote people's rights. We found staff were knowledgeable about how MCA affected the way they needed to care

for people. We saw where people were able to make their own specific decisions these were reflected in their care plans. We also saw the provider had checked to see if people were supported to make some decisions by representatives with the legal power to do this.

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). MCA DoLS require providers to submit applications to a 'supervisory body' for authority to deprive people of their liberty.

We found the provider had considered if any authorisations were required for any person living at the home, and had submitted one application for the supervisory body to consider authorising. We also found the provider had complied with the supervisory body's decision whether to authorise the application staff had made. Staff told us decisions made by the supervisory body were discussed at regular staff meetings, so people would receive appropriate care and have their rights respected.

People told us they enjoyed the food and were able to make choices based on what they liked to eat. One person said, "The food here is very good." Staff explained people had their own menus and were able to select their preferred options from these. For example, one person had chosen to have two cooked meals each day. We found staff took action to support people to be in their favourite environment, so people were able to enjoy their dining experience. Staff explored the links between people's general health and nutritional needs. One staff member explained how they had worked with one person's GP so they could be sure the person was receiving both the nutritional and health support they required. We saw staff checked people were happy with their meals and encouraged people to drink enough to remain well.

People gave us examples of the support they received to maintain their health. One person explained, "They [staff] contact my GP whenever I need them to." The relative we spoke with said staff consistently supported their family member to see their GP and other health professionals, when this was needed. Staff we spoke with knew what actions to take if people became unwell. One staff member told us how they had worked together with one person and with health and social care professionals. By doing this, plans had been developed and action taken so the person received the care they needed and were able to manage their medicines, and stay well. Another staff member explained how they supported people to see GPs, physiotherapists and dentists and opticians, so people would benefit from good health outcomes.

One of the registered managers explained how staff had supported one person living at the home to seek a diagnosis for their health problems. As a result of this, the person was now receiving the care and support they needed to maintain their health. We saw staff regularly checked people's health and plans were developed so people's health would be promoted.

Is the service caring?

Our findings

Every person we spoke with told us the staff were kind and considerate. One person said, "I like all the staff, and they understand me." Another person told us, "Staff are good and they respect me." A further person told us, "I can get on with staff." The relative we spoke with said "Staff are really very kind." The relative explained they had seen how thoughtful and caring staff had been when comforting their family member, when they were ill. The relative told us staff their family member particularly enjoyed spending time going on holidays with staff.

One staff member said, "I love the people I work with. This is what gives me job satisfaction." Another staff member told us about the people they supported and said they had developed good relationships with the people they cared for. The staff member explained how significant anniversaries were celebrated with people, such as their birthdays, so people would know they were valued.

People were supported by staff who understood their life histories and what mattered to people. The relative we spoke with told us, "They [staff] know [person's name] well." Two staff members said they were given opportunities to get to know people and to spend time chatting with them before they became responsible to caring for them.

Staff told us they got to know about people by talking with them and checking their care plans. One staff member explained checking people's care plans helped them to understand the way people preferred to communicate and what was important to them. Another staff member said, "You talk and listen. There's time to do this, you can find out what's important to people when they are relaxed." The staff member explained how they had used their knowledge of what was important to one person so they could chat with the person about their favourite sport.

We saw people liked to tell staff how they planned to spend their time and smiled when they were with staff. People were relaxed in staff's company, and we heard people singing and laughing with staff. We also saw staff took time to chat to people and gave them reassurance when they wanted it. One person told us, and we saw, they were confident to ask for support from staff.

People told us they were encouraged to make their own decisions about their day to day care. One person told us they always got to choose how they would spend their time and to decide where they wanted to go. Another person told us they did not enjoy travelling, and staff always involved them in decisions about the way they preferred to do this. By doing this, the person was less nervous when they needed to go for appointments, and to travel to do the things they enjoyed. A further person said, "I love my room." The person explained how they had been involved in deciding how this was arranged to suit them, and that they had chosen their own bedding. One staff member explained how people were involved in making their own day to day decisions, such as decisions about their medicines and what fun and interesting things they wanted to do. Another staff member explained people were encouraged to make choices about menus and trips out during regular meetings. We saw staff encouraged and supported people to make their own decisions.

People said they felt respected by staff, and their rights to privacy and dignity were understood and acted upon by staff. One person explained they were always able to spend time privately with their family when they visited. Another person told us they felt respected because, "Staff understand what things I can do on my own, and respect this." Staff we spoke with gave us examples of how they supported people in ways which promoted their dignity and privacy. One staff member explained how they always checked people were happy for staff to enter their rooms. The staff member told us, "You ask, you do not force the situation. You treat people's rooms as their private property."

Another staff member told us some people preferred privacy when they had their meals. We saw staff made arrangements so people's privacy was respected in this way. We also saw staff were given clear guidance on how to support people so their individual dignity and privacy needs were met. This included how to meet people's dignity needs when they received support with their personal care.

Is the service responsive?

Our findings

People told us their views were central in deciding how their care was planned, so they would receive the care they needed that was responsive to their individual needs. One person said staff always involved them in planning their care, and told us "Decisions are up to me." Another person told us they felt well supported by staff, and were encouraged to make suggestions about how they would like their care to be given. The person told us they could rely on staff to support them to plan their care as, "They [staff] know me better than I do." The relative told us because of the way their family member was supported by staff they were, "Extremely lucky to live at the home, it's a nice place, and staff are very good."

People said they were comfortable to make suggestions about how their care was planned, and that they could do this at any time. One person we spoke with gave us examples of suggestions they had made so they would receive the care they needed in the best way for them. As a result of this, the person was able to move around the home independently in ways which helped them to feel safe and reassured. Another person said, "Staff are good. Whatever I ask for they get for me." A further person explained staff had taken into account the things they could do on their own when they planned their care and said this was important to them.

The relative we spoke with explained how carefully staff had developed plans to nurture their family member and address their unique needs. The relative told us about the way staff had planned and regularly reviewed their family member's care needs with a wide range of other professionals. The relative said because of the actions staff had taken there had been a dramatic improvement in their family member's health and well-being since living at Field House. The relative told us their family member was less anxious and said, "[Person's name] skin has improved so much and [person's name] no longer needs either a wheel chair or walking frame." The relative said, "I've attended lots of different types of reviews. We work together, so [person's name] gets the care they need."

Senior staff gave us examples of how they had assisted people when they needed support from a number of other professionals. Senior staff and staff members explained how they regularly advocated on behalf of people so they would get the support they needed from other agencies. Two staff members gave us examples of the positive impact this had on one person living at the home. We saw as a result staff advocating on the person's behalf the person's health condition had been recognised, and plans put in place to support them so they enjoyed the best health possible.

The relative we spoke with told us about some of suggestions they had made to further develop the care their family member received, and gave us examples of how these had been considered and adopted. These included developing plans to help their family member to stay as safe as possible and for plans for interesting things for their family member to do, such as fishing.

Staff gave us examples of how they supported people to make decisions about the care they wanted to receive. One staff member explained how they used their knowledge of people's preferences when supporting them to make decisions about their care, such as how they liked to spend their time and their

preferred daily routines. Another staff member explained how plans had been developed with one person living at the home so they would be able to travel overseas and keep in touch with people who were important to them. The staff member explained how important it was for the person's self-esteem that they were supported to do this as independently as possible. A further staff member told us how plans had been agreed with one person to support them so the chances of them becoming anxious were reduced. A further staff member explained how one person had been supported to make decisions about how they managed their money. As a result of this, the person was able to enjoy spending their money in smaller quantities, but in a more regular way.

We saw information about what was important to people was recorded in people's care plans. We also saw people's plans showed staff had considered people's health and well-being goals when planning their care. People's care plans and risk assessments had been developed so these would be addressed so people's health and well-being would be promoted. For example, we saw plans had been agreed with one person so they would receive the support they needed to manage their medicines in a safe way. We also saw people had been involved in deciding how risks to their well-being were managed.

One person we spoke with told us staff had been adaptable so their needs had been met when they had been unwell. Another person explained how staff found other ways to support them when they travelled, so they were less anxious and still able to go to appointments which were important to them. Staff we spoke with highlighted how essential communication between people and staff was in order to support people in the way they preferred. One staff member said, "You try to communicate in different ways with people, so you know what they need." Another staff member told us about the regular meetings held at the end of each shift. The staff member explained this gave, staff coming in to care for people the chance to find out about any changes in people's needs and the support people required.

People told us they were able to see people who were important to them when they wanted to. One person told us, "[Relative's name] is always made welcome by staff." The relative we spoke with told us they were able to visit their family member at any time. Staff gave us examples of the support they gave to people where this was required to help people to maintain relationships in the way they preferred. For example, staff understood which people liked the reassurance of seeing their friends and relatives when significant events occurred in their lives, and how best to assist people to do this.

One person told us how much they valued going out with staff to do things they enjoyed doing. Another person told us they often enjoyed spending their time locally, and had opportunities to fulfil their spiritual needs. A further person told us how much they were looking forward to going out independently on the evening of our inspection. We saw people were encouraged to make suggestions for holidays and trips out during regular residents' meetings. We also saw people had identified within their care plans what things they enjoyed doing. These included going to college, spending time in the garden, attending music and exercise classes and going out for meals in the local community. Some people spent time away from the home doing these things on the day of our inspection.

People and the relative told us they would be happy to raise any concerns or complaints about the service but had not needed to. One person we spoke with told us they had not needed to raise any complaints as, "There's no issues." Staff we spoke with knew what actions to take to support people to raise any concerns or complaints. We saw one person raised a concern about the local community on the day of our inspection, and staff took prompt action to listen to the concern raised, reassure the person and resolve this so the person did not need to make a complaint. We saw there had been one complaint made recently, and the registered manager had investigated this, so any lessons would be learnt. We also saw people were encouraged to raise any concerns or complaints they had at regular residents' meetings and these had been

listened to.

Is the service well-led?

Our findings

There were two managers registered with CQC as registered managers at the time of our inspection. One of the registered managers was also the provider's representative and was not permanently based at the home. The other registered manager supported people and staff and was permanently based at the home, so people and staff had direct access to their support and guidance. The registered manager who was also the provider's representative said they would consider if two registered managers were needed at the location.

People told us the home was organised well by the registered managers and senior staff. One person said as a result of this, "I love living here." Another person said the way the home was run meant, "It's good to live here." The relative we spoke with was very complimentary about the way their family member's needs were met and said because of the way care was organised, "It's a well-run place. We have been very happy with Field House, they [staff] really do their very best. "

People told us they were encouraged to give their views on the way the home was run and how their care was given. Two people told us about the regular meetings which were held with staff so they could discuss their experience of life at the home and make suggestion for developing their care and choices further. One person gave us an example of a suggestion they had made which had been supported by staff, so they were able to keep some items which were important to them secure. The person told us staff had been open to their suggestion and said, "I got what I wanted as staff listened and helped." We saw where people had made suggestions about the running of the home these had been listened to and changes had been introduced to improve people's experience of living at the home further. We also saw where people's suggestions had not been agreed staff had provided explanations to people on why some suggestions could not be adopted.

One of the registered manager told us their and the provider's approach was to make sure staff were supported to understand the care they provided, "Is all about fulfilling people's wishes." The registered manager explained, "This is my main concern, that people are happy and staff are caring." The relative said, "[Registered manager's name] is such a good manager and is always on their [people's] side." The relative explained how well the staff team had been supported by senior staff to advocate on behalf of their family member. The relative explained some of the positive health changes which had resulted from the way the staff team were supported to advocate for their family member.

One staff member said, "You can talk to [registered manager's name] and they listen." Another staff member highlighted how supportive the registered managers were when staff suggested new way of working so people would receive the care they needed. The staff member told us the senior team's approach was to, "Give it a try."

Staff members told us they were encouraged to work as a team and to be open and to reflect on what was in people's best interests. One staff member told us, "It's fair, here, and you know what's expected of you." Another staff member explained support for staff to understand their roles was provided through regular

meetings and support given by the registered managers and senior staff. The staff member said the emphasis was on providing opportunities for people to develop their independence and spend time in the community. A further staff member said, "The home is managed well. [Registered manager's name] understands people's physical needs, people's choices are respected, and other options are explored if needed, so people get to do what they want."

One of the registered manager explained they were supported to develop the service further through regular support from the provider's representative and by sharing best practice with other local registered managers. Views on the quality of the service provided were sought by the registered manager, through questionnaires completed by people, relatives and health professionals. We saw the feedback had been very positive. Where areas for developing the quality of the service further had been identified we saw these had been actioned. For example, people's suggestions about fun and interesting things to do had been adopted. The registered manager also undertook regular checks to assure themselves people were getting the care they needed. We saw these included checks people were receiving their medicines in ways which promoted their safety and to help to ensure people would enjoy the best health possible.