

Valorum Care Limited

Sun Woodhouse Care Home

Inspection report

Woodhouse Hall Road
Fartown
Huddersfield
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Tel: 01484424363

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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

Sun Woodhouse provides care and support for up to 24 older people. There were 18 people living at the service when we visited, most of whom were living with dementia.

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

People and relatives told us the service provided safe care and people's feedback was consistently positive about the support offered by staff. One person said, "It is a happy place."

The provider completed person centred assessments and care plans were updated in response to changes. Some aspects of the recording of risk assessments and care plans required further detail, but this was not found to have impacted on people using the service and the provider immediately addressed the issues found.

Medication was administered safely by staff who had been trained and were competent to do so.

People were supported to eat and drink enough to maintain a balanced diet, including people who had specific dietary requirements.

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.

There were enough staff on each shift to support people and robust recruitment checks were carried out before staff started working at the service. Staff received induction, training and supervision to ensure that they had the right skills and abilities to support people.

There was a varied and regular programme of activities happening at the home which ensure people were offered meaningful interaction and stimulation.

People and relatives felt staff were kind and caring and treated them with dignity and respect when providing care.

Systems were in place to monitor the service, which ensured that people's risks were mitigated, and lessons were learnt when things went wrong. There was an open culture within the service, where people, staff and healthcare professionals could approach the registered manager who acted on concerns or suggestions.

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 23 January 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on a change in this location's registration.

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.

Sun Woodhouse Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector and one assistant inspector on the first day and one inspector on the second day.

Service and service type

Sun Woodhouse 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.

Notice of inspection

Our first inspection visit was unannounced.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by CQC. A notification is information about important events which the service is required to tell us about by law. We requested and received feedback from other stakeholders. These included Healthwatch Kirklees, the local authority safeguarding team, the local authority infection prevention and control team and the fire 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

During the inspection, we spoke with four people using the service and three relatives of people using the service. We spent time observing care in the communal lounges and dining rooms. 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.

We spoke with eight staff members; this included the operation manager, registered manager, team leader, senior carer, carer workers and the chef. We spoke with one visiting healthcare professional. We looked at care records for three people using the service and medicine administration records for five people. We looked at training, recruitment and supervision records for three staff. We also looked at various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

Is the service safe?

Our findings

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

This is the first inspection for this service with a new registered provider. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider was completing relevant risk assessments but we noted that some risk assessments required further detail. For example, risk assessments and care plans did not always detail the equipment used by people when having a shower. One person who used the service was known to, at times, display behaviours considered challenging to others; their risk assessment and behavioural care plan did not detail how risks to other residents were being managed. Our conversations with staff reassured us these risks were being managed safely and on our second inspection day the registered manager showed us they had updated people's risk assessments and care plans.
- The provider had good systems in place to check the environment and equipment were safe to ensure people were protected from the risk of harm.
- Accidents and incidents happening at home were being regularly analysed by the registered manager and any patterns and trends highlighted and acted upon, when required.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the care they were receiving. One person said, "Oh yes, safe in the day and at night." Relatives agreed their loved ones received safe care. One relative said, "This is a safe place for [relative]." People's facial expressions and body language told us that they felt safe and comfortable with the staff.
- Systems were in place to protect people from abuse and avoidable harm. Staff understood what to look out for and who they should report any concerns to.

Using medicines safely

- Medicines were managed safely so that people received their medicines as intended by the prescriber. People told us they received their medication when required.
- Staff kept accurate records of all medicines ordered, given and disposed of. Clear protocols guided staff to give medicines prescribed to be given 'when required' safely.
- Staff had undertaken training and had their competence checked on an annual basis. Regular audits were conducted by the registered manager, these were detailed, included relevant aspects of medication management and any action taken when necessary.

Staffing and recruitment

- People told us they were supported by a regular team of care staff who knew them well and they felt there was enough staff to provide support. The registered manager told us that the service did not use agency staff. When additional shift cover was required they said staff, "Will work it out between them, they want continuity within the home, we all know our service users."

- The registered manager told us they used a dependency tool to assess the level of staff required to meet people's needs and gave us examples of how they had made changes to the staff numbers to ensure there was additional staff available. For example, following incidents involving one person becoming unsettled during the evening period.
- Staff told us the provider offered career progression opportunities and they enjoyed working at the service.
- The service followed safe recruitment practices. The provider had a staff recruitment procedure in place. The process assured the provider employees were of good character and had the qualifications, skills and experience to support people using the service.

Preventing and controlling infection

- The provider was managing the risks of cross infection well. Care workers had completed training in infection control prevention and told us they had access to personal protective equipment (PPE), including gloves, aprons and hair nets.
- People and relatives shared positive feedback about the level of cleanliness of the home and our observations confirmed this.

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.

This is the first inspection for this service with a new registered provider. This key question has been rated good. 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 physical, mental health and social needs were assessed, and their care and support was planned through the development of a care plan. All staff members we spoke with could demonstrate they knew people's background and their preferences.
- People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered in the planning of their care. For example, people's communication requirements were assessed and included in their care plans. One person's care plan indicated, "I have a diagnosis of dementia, my communication is limited, when I am communicating with staff, my speech can be slurred, I need staff to be patient whilst I communicate my needs." We saw care and support was delivered in a non-discriminatory way and respected people's individual diverse needs.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the necessary skills and knowledge and knew people well. One relative told us, "They know everything about [relative]. Know what's [relative] is frightened of and how to calm [relative] down."
- New staff completed an induction which included training. They shadowed another staff member until they were competent and confident to deliver care. Staff's knowledge was developed through an ongoing training development programme.
- Staff were supported by regular supervision and told us their supervision meetings were supportive and they were able to have discussions that were relevant to their jobs.
- Staff described to us what good dementia care looked like. Staff told us how they used different distraction techniques when people were showing signs of distress or to encourage people to receive personal care. During this inspection we observed this in practice, for example, we saw one person showing signs of discomfort, staff approached them and discreetly asked if they wanted to use the toilet.

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

- People shared positive feedback about the food and the mealtime experience at the home. People said, "Food is good."
- People's dietary requirements and preferences were included in their care plans and staff were aware of people's preferences in relation to what they liked to eat and drink.
- We saw people were appropriately supported with their nutritional and hydration intake. The provider was appropriately monitoring and recording the food and fluid intake of people who had been assessed as at risk of weight loss or required their drinks thickened to manage the risks of choking. One relative told us, "The staff are ok, and they monitor [relative] with [their] weight as [relative] sometimes doesn't eat."

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

- People and relatives told us staff had contacted other healthcare professionals or would do if required. One person said staff would, "Definitely would get a GP if needed."
- The records we looked at confirmed referrals had been made when necessary and the provider maintained regular contact with relevant services such as GPs, social workers and the mental health team.
- A visiting healthcare professional told us staff contacted them with appropriate and timely referrals and followed their advice, they commented, "They are proactive and ask for support when needed."

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

- The home was going through a refurbishment that included a lift being put in place to better meet the needs of people living there. The registered manager had developed risk assessments that considered the impact that this work could have on people, relatives and staff and how to minimize those risks.
- People were able to walk freely between different areas of the home throughout the day. People had access to indoor and outdoor spaces where they could choose to be alone, sit with other people or join in activities. There was signage to help people and visitors to access the different areas of the home.
- People's bedrooms had been individually decorated. One relative told us their loved one had chosen to have their own furniture in their bedroom.

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

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

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

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

- The provider was working within the principles of the MCA. We saw the provider was completing decision specific mental capacity assessments and best interest decisions for people who might lack capacity to consent. These had involved relevant people.
- Appropriate applications to the local authority had been done when people's freedoms were restricted in their best interests. One person living at the service had a condition to their DoLS authorisation and we saw the provider was compliant with it.
- People told us they make every day choices about the care they received and where they would like to be during the day.

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.

This is the first inspection for this service with a new registered provider. This key question has been rated good. 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

- All of the people we spoke with told us that staff were kind and caring. One person told us, "They are very kind." One relative commented, "I'm very pleased that relative is here. The staff are kind with relative. Speak to [relative] in a respectful way."
- We observed kind and helpful interactions between staff and people. For example, a staff member turned on the music and noted that one person started stomping their foot; the staff member noted this, encouraged the person to dance and they danced together.
- Staff spoke to people respectfully and had a good rapport. For example, we observed one staff member supporting a person to have their breakfast in the lounge area; the staff member was singing 'happy birthday' as they were approaching with the food as it was this person's birthday; they were pleased with this approach.
- People's preferences were respected and encouraged. People's care plans included relevant personal information including important relationships and hobbies. One relative told us staff had suggested for relatives to bring a photo of how their loved one used to like to wear their hair so that the hairdresser could cut and style person's hair like they wanted to. One person who used the service did not speak English as a first language and we saw that some areas of their care plan had been translated to their native language.

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

- People and relatives told us they were involved in decisions about the care delivered by the provider. Records we looked at confirmed regular reviews were taking place and involving the relevant people. People were aware of having a care plan. One person told us, "Yes, I have read [the care plan], it is about me." One relative told us, "Care plan was written with input from family including what [relative] wore on her wedding day, that level of detail."
- People had the opportunity to take part in residents' meetings where they could give their views. One person told us, "We have meetings, it's a good thing to do." We reviewed minutes from these meetings and saw that relevant aspects of the management of the service were being discussed, such as the ongoing refurbishment of the service.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was protected. People commented, "They knock on the door and say my name before they come in."
- During this inspection, we observed people's records were kept secured and staff's conversations in communal areas were respectful of people's privacy.

- People were given choice and control in their day-to-day lives and supported to maintain their independence wherever possible. For example, we one person wanted to maintain their independence while having a shower and applying their creams, so staff provided minimal support with these tasks. We asked people if they could do every day choices; one said, "Yes, I do. I went out for lunch with my [relative] yesterday. I like going out, but I don't mind coming back too!"
- People were supported to maintain and develop relationships with those close to them. Relatives told us, "We can come and go whenever we please. They offer us food and drink. They do look after us."

Is the service responsive?

Our findings

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

This is the first inspection for this service with a new registered provider. This key question has been rated good. 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 and relatives told us the service met people's needs in a personalised way and staff knew them well.
- In our observations, we saw staff responded quickly when people required assistance and had time to spend with people. For example, we observed a staff member taking their time while one person was taking their medication.
- Technology and equipment were used effectively to meet people's care and support needs. For example, one person had a mobile chair sensor that was used to alert staff if the person was standing so that they could provide assistance and prevent falls. Other person had adapted equipment to help them while eating and to promote their independence.
- Care plans reflected people's needs and preferences when being supported. For example, one person required their food to be in a certain consistency to manage the risks of choking. This was documented in their care plans and staff we spoke with were aware of this. People's records of daily care delivered confirmed care was being provided in line with their care plan and preferences.

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 service was working within the AIS. We saw several examples of how the service was had made adaptations to effectively communicate with people who had difficulty in understanding or retaining information. For example, there was signage to guide one person to their bedroom; the registered manager told us this had been put in place due to this person becoming anxious and disorientated in finding their bedroom after a change to a bigger bedroom.

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 felt they had enough to keep them occupied during the day. People told us, "Activities are good and I can't grumble about it," "There is always something going on" and "If I get bored I get a book, there are things going on." Relatives also shared positive feedback about the activities developed at the service and how people's preferences were met. They said, "[Relative] gets a newspaper every day" and "[Relative] asked for jobs to do so helps with the laundry and pegs washing out. This made the family well up as it was so great."

- There was a regular and varied programme of activities to promote people's wellbeing and interaction. Our observations showed that staff used their available time to interact with people. We observed staff encouraging people to play indoor bowling and giving clear instructions on how to play. We also observed people and staff singing together.
- The home also contracted with other professionals to develop activities at the home, such as fitness instructors and entertainers. One commented, "It is great to be a part of the family atmosphere at Sun Woodhouse and I always look forward to the entertainment sessions whereby your staff create the right mood and ambiance during the singing and dancing."

Improving care quality in response to complaints or concerns

- People, relatives and healthcare professional told us if they had any concerns they would not hesitate to discuss them with care staff or management and were confident their concerns would be acted on. One person said, "If I wasn't happy I would tell them."
- The provider had policies and procedures in place to manage complaints, concerns and compliments. We reviewed how this was being managed by the registered manager and found it to be appropriate.

End of life care and support

- People living at the home did not require end of life care but plans were in place to consider future wishes. Good working relationships with relevant professionals had been established and staff had been provided with relevant training. Staff were able to tell us what good end of life care looked like and how to deliver it.

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.

This is the first inspection for this service with a new registered provider. This key question has been rated good. 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 and relatives consistently told us they were satisfied with the service. People said, "They have always been good to me here," "It is ok here" and "I would recommend it to others." Relatives told us, "We love it" and "[Relative] likes living here, [relative] knows the environment and knows the routine."
- People, relatives and staff spoke positively about the management of the service. One person said, "I feel it's being managed well."
- People and visitors felt able to approach the registered manager and staff team.
- There was an open culture within the service. Staff told us the registered manager and the management team were supportive, that they could raise concerns with them and they were listened to. One staff member said, "[Name of registered manager] is a really good manager, [they] will be on it for any improvements, immediately."

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

- There were systems in place to ensure effective communication with people such as residents meetings and with staff including handover meetings and staff meetings. Records we looked at showed staff meetings were being held regularly and relevant issues were discussed.
- We saw several examples of compliments and positive comments from people, relatives and healthcare professionals. These are some examples, "Thank you for making [relative]'s birthday so special" and "We felt confident that we were leaving [relative] in safe hands. This confidence in you started from the first time I spoke to you over the phone even before we met. Your team too were so, so nice and they made time to listen to us and [relative] and treat [them] like [they] were the only one being cared for in the home. We live our lives knowing we could never have found better care for [relative] other than your home."

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

- The registered manager and staff understood their roles and responsibilities and were well supported by the provider.
- The registered manager was receptive and open to feedback during our inspection. They took immediate action to address the issues identified at our inspection.
- Registered providers of health and social care services are required by law to notify CQC of significant

events that happen in their services such as allegations of abuse and deaths of people using the service. The provider ensured all notifications of significant events had been provided to us promptly.

Continuous learning and improving care

- The registered manager and provider completed regular audits to ensure the quality of the service provided. Any improvements needed had been documented and had either been completed or were being worked on.

Working in partnership with others

- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development.