

Sunny Croft House Limited

# Sunny Croft House Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sunny Croft is a residential care home that accommodates up to five people living with learning disabilities or autistic spectrum disorder. At the time of our inspection there were two people living at the home.

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

People were protected from the risks of ill-treatment and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do to if they suspected wrong doing.

The provider had assessed the risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the potential for harm to people.

People received safe support with their medicines by staff members who had been trained and assessed as competent. The provider had systems in place to complete an investigation, should a medicine error occur, to ensure the person was safe and lessons were learnt to minimise the risk of reoccurrence.

Staff members followed effective infection prevention and control procedures when supporting people.

The provider had systems in place to encourage and respond to feedback from people or those close to them. The provider and management team had good links with the local communities within which people lived.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision.

People received help and support from a kind and compassionate staff team with whom they had developed positive relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability.

People were provided with information in a way they could understand. The provider had systems in place to encourage and respond to any compliments or complaints from people or those close to them. The provider, and management team, had good links with the local communities within which people lived.

The management team and provider had systems in place to identify improvements and drive good care. The provider had kept the CQC informed about significant events at Sunny Croft.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or

autistic people.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported in a small home based in a residential area with access to community facilities. 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 02/01/2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on our published inspection methodology.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sunny Croft on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

# Sunny Croft House Limited

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

Sunny Croft 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 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We asked the local authority and Healthwatch for any information they had which would aid our inspection.

Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. 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 all of this information to plan our inspection.

#### During the inspection

We spent time with two people who used the service to understand their experience of the care provided and spoke with three relatives. We spoke with four staff members including two support workers, registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at the care and support plans for two people and looked at several documents relating to the monitoring of the location, training, health and safety checks. We confirmed the safe recruitment of two staff members.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included further conversations with the registered manager and nominated individual.

# 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 newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and ill treatment as staff members had received training on how to recognise and respond to concerns.
- Relatives told us they felt their family members were safe living at Sunny Croft and with the support they received.
- Information was available to people, staff and visitors on how to report any concerns.
- The provider understood how and when to make a referral to the local authority if they were concerned about a person.

Assessing risk, safety monitoring and management

- People were supported to identify and mitigate risks associated with their care and support. The provider assessed risks to people and supported them to lead the lives they wanted whilst keeping the risk of harm to a minimum.
- We saw assessments of risks associated with people's care had been completed. These included risks related to people's home environment and going out in their local community.
- Staff members knew the risks associated with people's care and support and knew how to keep people safe whilst providing assistance.
- The physical environment where people lived was assessed by staff members to ensure it was safe for people to receive support.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The provider completed regular checks to ensure staff followed the latest infection prevention and control

practices. Staff members told us they had received the latest training on the use of personal protection equipment and took part in a testing regime which was overseen by the management team.

- Family members told us they were kept informed about changes to the infection prevention and control practices at Sunny Croft and were supported to ensure any visits were safe for those they were visiting.

#### Staffing and recruitment

- People were supported by enough staff who were available to safely care for them. Staff were available for people promptly and had time to spend with them in an unhurried and valuing way.

- The provider followed safe recruitment checks. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

#### Using medicines safely

- People's medicines were managed safely and people received their medicines when they needed them.

- The provider had systems in place to effectively and safely respond should an error occur.

- People who took medicines only when they needed them, such as pain relief were supported by staff who had information available. This gave staff instructions on the administration of this medicine, including the time between doses and the maximum to be taken in a 24-hour period.

#### Learning lessons when things go wrong

- The provider had systems in place to review any reported incidents, accidents or near misses. For example, during their checks they identified some staff were not using the latest system for recording body map charts. They reviewed and corrected the systems whilst training staff members on how to do this effectively.



# 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 newly registered service. 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 had been holistically assessed in line with recognised best practice. Relatives told us these assessments reflected their family members needs and wishes.
- People were supported by staff who knew them well and how they wished to be assisted.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences. We saw people had taken part in a recent activity to raise awareness and understanding of Pride. Pride is dedicated to celebrating LGBTQ+ communities all around the world. One staff member told us this was so those they supported were not only engaged in fun activities but also to raise understanding of this part of someone's life.

Staff support: induction, training, skills and experience

- People were assisted by an appropriately trained staff team. Staff told us they completed an induction which included practical training like moving and handling and safeguarding. New staff also worked alongside other more experienced staff members or family members until they felt confident to support people.
- Staff members told us they received regular support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training. One staff member told us they found these sessions to be valuable as they were able to discuss how they supported people and if any improvements could be made.
- Staff members new to care were supported to achieve the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

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

- People were supported to have enough to eat and drink to maintain a healthy lifestyle. The provider and staff worked alongside other healthcare professionals to ensure people's dietary needs were met. This included regular monitoring of what people ate and weights. Any fluctuation in weight was reported to the dietician for their advice and guidance.
- People were referred for specialist assessment, regarding their eating and swallowing, when it was needed. Staff members were knowledgeable about any recommendations and consistently supported people in a way which met their needs.

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

- Staff members had effective, and efficient, communication systems in place. Any changes in people's needs were relayed to the management team who sought appropriate advice and guidance from healthcare professionals. Guidance was consistently written into people's individual care plans for staff to follow. One family member told us, "I have full trust they will refer [person's name] onto whoever they need. They (staff) are on the ball and never miss anything."
- Staff members could tell us about the needs and medical advice of those they supported. This means staff were up to date and worked in a consistent way with people to ensure their needs are effectively met.

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

- The physical environment at Sunny Croft had been specifically adapted to support the needs of those living there whilst maintaining a homely atmosphere. For example, we saw specially adapted bedrooms and bathrooms with specific equipment installed to support people's mobility.

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

- People had access to additional healthcare professionals including dentists, GP's and Physiotherapists. As people could not refer themselves for support the management team supported them to access additional healthcare services when they needed.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes which included, but was not limited to oral health.

#### 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 had made appropriate applications in line with the MCA and the provider had systems in place to ensure any expired applications were reapplied for in a timely way to ensure people's rights were maintained.
- We saw people were encouraged to make decisions where they could. For example, we saw one person being offered a choice of activities. This person made an indication of what they wanted to do which was then supported by the staff member assisting them.

# 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 newly registered service. 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

- People were treated well and with respect by a staff team who understood and supported their dignity. One relative said, "I can't praise the staff enough. They are all, without exception, absolutely lovely and I know they love [relative's name]. You can see this in everything they do and how they just talk with them."
- People were supported by staff members who knew and respected them as individuals and assisted them to continue to lead a life which was fulfilling. For example, one relative told us about the activities their family member was doing. They told us they had never done anything like this before and this was expanding their horizons in terms of what they can do.
- The registered manager explained how they supported people to identify different life experiences. By judging people's reaction to different experiences, they knew whether or not to encourage and explore these further with them.
- People were supported at times of upset. One staff member told us about a recent loss for one person. As a team they were unsure how this person was reacting to the loss. As a result, they supported the person as best they could by identifying happy memories and times with the person to ease the perceived loss.

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

- Staff members supported people to make choices and decisions regarding the care and support they received. For example, we saw one staff member asking someone if they needed specific support. They waited until the person showed a sign indicating they were happy with this before they assisted.
- When people were unable to be involved in decisions about their care the staff sought advice and guidance from family members who had previously been involved with their support. One family member told us, "They (staff) went through everything with us in terms of how [person's name] liked to be assisted. If anything changes or they have any questions at all they just give me a call and we chat about it."

Respecting and promoting people's privacy, dignity and independence

- Staff members respected people's dignity, privacy and right to personal space. We saw people were fully informed about what was happening around them and staff members always spoke with them when in the same room or nearby. Any personal care was discrete and completed in private.
- We saw staff members kept people's information confidential and ensured only those with authority had access to it.

# 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 newly registered service. 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, when needed, relatives were involved in the development and review of their own care and support plans. These plans gave the staff information on how people wanted to be assisted.
- Staff members knew those they supported well. Staff could tell us about people's lives so far including likes and dislikes, interests, personal and family history, health needs and preferences.
- People's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.

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.

- People had information presented in a way that they found accessible and, in a format, they could easily comprehend. For example, where information was displayed this was also supported by pictures to support people's understanding.
- The nominated individual and registered manager recognised a relative's individual communication needs had changed. As a result, they were looking at how they can best present information to them. This was so they can remain informed about their family members care.

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

- People were encouraged and supported to develop and maintain relationships with those that matter to them, both within the service and the wider community. Relatives told us staff members set up video calls and arranged visits and outings. This was to maintain and encourage contact with families. One relative told us how difficult it had been during the pandemic but staff at Sunny Croft had kept them fully informed which they found reassuring.
- People took part in activities they found fun and stimulating. People went out for local walks and took part in singing and dancing. One relative told us how staff had supported their family member into voluntary work. They told us, "This is something I would have never thought about and it's so encouraging they are trying different things with [person's name]."

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on

how to raise a complaint or a concern.

# 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 newly registered service. 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.

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

- A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- The provider and management team had effective quality monitoring systems. These included checks of people's care plans and medicines. These checks ensured people received the care they needed and had agreed to.
- The nominated individual was also a director in the company and, alongside another director, worked directly with people living at Sunny Croft. The registered manager also worked directly with people and ensured the management team had a good understanding of the day to day running of Sunny Croft.

Continuous learning and improving care

- The management team kept themselves up to date with changes in adult social care. This included regular updates from the CQC and leading organisations in health and social care.
- The management team also kept themselves up to date with changes in guidance from the NHS and Public Health England in terms of how to manage during the COVID-19 pandemic.

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

- The management team sought the feedback from people, relatives and staff on the care provided and where necessary made changes to improve the experience of care for people. One relative told us, "I have just completed a feedback form for Sunny Croft. I racked my brains to try and think of a way they could improve but couldn't think of a single thing."
- Relatives and staff members said the management team was approachable and they felt supported by them.

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

- The provider was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and

treatment. However, at this inspection the provider had not needed to follow this specific guidance as no specific incidents of wrongdoing had occurred.

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

- People were involved in decisions about where they lived including what to do and what to eat.
- Staff members found the management team approachable and supportive.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. For example, GP, social work teams and physiotherapists.