

Sunningdale Care Limited

Sunningdale Nursing Home

Inspection report

Town Street
Rawdon
Leeds
West Yorkshire
LS19 6PU

Tel: 01132505003

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

Sunningdale Nursing Home is a nursing home located in the village of Rawdon to the North-West of Leeds. It provides accommodation and nursing for up to 35 older people. At the time of this inspection 28 people were living in the home. The home is an adapted building with accommodation spread over two floors.

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

Whilst most medicines were managed safely, some improvements were needed to ensure the application of topical medicines was clearly documented and staff's competency to give medicines was regularly assessed. People were protected from abuse and avoidable harm and risks to people's health and safety were assessed. We identified some concerns relating to staff deployment in the home, however, following the inspection the provider gave us assurance this was being addressed. The home was clean and the building was suitable for its intended purpose.

Staff had the right skills and knowledge to care for people and they received a range of training. The service worked effectively with a range of health professionals. People received a varied and appropriate diet. 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.

Staff were kind and caring and treated people well. Staff knew people well and had developed good relationships with them. People were listened to and treated fairly based on their individual needs.

People's care needs were assessed and a range of care plans put in place. People's care plans included information about people's social needs including relationships and sexuality. The service was meeting people's communication needs. An activities co-ordinator was employed who provided a range of activities for people. Complaints were appropriately managed and responded to.

There was a positive and person-centred culture within the home. Staff told us morale was generally good and they felt able to approach the registered manager. The service was committed to continuous improvement and acted positively on the areas of feedback we provided them with. People were listened to and helped shaped how the service operated.

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 22 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

See our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

See our effective findings below.

Good 

Is the service caring?

The service was caring.

See our detailed findings below.

Good 

Is the service responsive?

The service was responsive.

See our detailed findings below.

Good 

Is the service well-led?

The service was well-led.

See our detailed findings below.

Good 

Sunningdale Nursing 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

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sunningdale Nursing Home is a nursing home. People in nursing homes receive accommodation, nursing and 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 CQC. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided.

We spoke with ten members of staff including the provider, registered manager, a nurse, care workers, a domestic assistant, a cook and an activities co-ordinator. We also spoke with a visiting health professional. We observed care for several hours in the communal areas of the home.

We reviewed a range of records. This included elements of two people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed investigatory work the provider had undertaken around bathing regimes and staffing levels. This information was used to inform our judgements.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant there was not complete assurance about people's safety.

Using medicines safely

- Most medicines were managed safely although some improvements were needed to ensure this was consistently the case. Medicine administration was recorded on an electronic system. This helped to reduce errors and provided real time updates about medicines, providing assurances they were given at the right time.
- Records relating to topical medicines such as creams did not always clearly demonstrate what was applied and by who. We raised this with the registered manager and felt assured this would be addressed by reviewing how electronic records were completed and maintained.
- Medicines were given by trained nurses, however, they had not all had their competency to give medicines assessed. We saw plans were in place to address this.

Staffing and recruitment

- We asked the provider to review staffing levels as some care staff said they did not always have time to complete all tasks in a timely manner, including showering and records could not always provide evidence these tasks had been completed. People we spoke with said they generally received care in a timely way although some people said staffing levels were not always adequate. Following the inspection, the provider undertook a detailed review of staff activity and deployment. They put additional mechanisms in place to seek feedback from staff and ensure there was better monitoring and recording of bathing regimes.
- Staff told us they were recruited in a safe and proper way and appropriate procedures were in place to support this.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. People said they felt safe and secure living in the home. One person said, "No one worries you, there's nothing to worry about." Staff had received training in safeguarding vulnerable adults and understood how to identify and report concerns. They all said they were confident people were safe from abuse.
- Safeguarding procedures were in place and we saw they had been followed to help keep people safe. This included undertaking investigations to help improve safety.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. People said staff worked safely within the home, for example using equipment such as the hoist safely. One person said, "They are there if you need help and they look after me. If I need anything, they get it." Risk assessment documents were in place which were regularly updated and provided clear information to staff on how to manage risks. Staff were

knowledgeable about the people they were supporting.

- Overall the premises were safely managed. Refurbishment work was ongoing within the home to bring it up to a high standard. This included changing carpets and decorating areas of the home. Regular maintenance of the home and the equipment took place. On the morning of the inspection it was icy but the path leading to the home had not been gritted. We raised this with the registered manager to ensure the maintenance team addressed these risks.

Preventing and controlling infection

- The home was clean and tidy and odour free. Cleaning staff were employed who told us they had enough resources and time to keep the home tidy. Staff received training in infection control and audits were undertaken to ensure staff worked appropriately.

Learning lessons when things go wrong

- A system was in place to log, investigate and learn from incidents and accidents. Any incidents were clearly documented and subject to analysis, for example looking at the time and location of falls. We identified no concerning themes or trends. The service was keen to learn from events when things went wrong. This included reflection by the registered manager and provider, and updating systems and procedures where appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received appropriate care in line with standards, guidance and the law. People's needs were assessed prior to admission and recognised risk assessment and screening tools were used to formulate effective plans of care.
- Best practice guidance was used effectively to help ensure people received effective care. The provider and registered manager were committed to keeping up to date with the latest guidance and reports. For example, recent work had been done on relationships, sexuality and oral health following the review and implementation of recommendations from national reports.

Staff support: induction, training, skills and experience

- Staff had the right skills and experience. Overall people told us that staff had the right skills to care for them. Staff received a range of training on induction and at regular intervals. Staff told us the training was valuable and gave them the skills they needed to do the role.
- Staff were well supported. Staff had regular supervisions and appraisals, and periodic staff meetings were held. Staff told us they felt well supported by the management team.

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

- The service worked with a range of health professionals to meet people's needs. We spoke with a visiting health professional who was very complimentary about the home. They said the service was responsive and liaised with them appropriately. People's healthcare needs were assessed and we saw clear guidance was available for staff about how to meet these needs.
- People's oral healthcare needs were assessed and guidance issued for staff about the support people needed with their oral health. The management had provided additional guidance and training to staff on the importance of supporting people with oral health.

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

- Overall the building was suitable for its intended purpose. At the time of the inspection refurbishment work was being undertaken. An adapted bathroom with a ceiling hoist had just been installed and lounge and carpets were being replaced. Plans were in place to further develop the building and grounds to provide a larger, secure outdoor space for people to enjoy.

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 service was acting within the legal framework of the MCA and DoLS. Appropriate DoLS applications had been made for people the service suspected were being deprived of their liberty. At the time of this inspection one DoLS authorisation was in place with others awaiting assessment by the local authority. The registered manager had good oversight of this.
- Care was delivered in the least restrictive way possible. Where people lacked capacity to make decisions, best interest processes were followed to help ensure people's rights were respected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion by dedicated staff. People told us staff were friendly and had the right personal attributes to work in care. One person said, "There is always someone to have a laugh and a joke with." One relative said, "[Person] is safe and well looked after. Here, [person] smiles. They don't ignore [person] and staff wave to [person]. Those little things make a difference."
- Information on people's past lives had been sought and recorded to help in the provision of appropriate care. Staff we spoke with knew people well and had developed good relationships with them. We saw staff talking to people about things that interested them.
- People were treated fairly and adjustments were made to meet people's individual needs. Information on people's diverse needs was sought on admission and then used to develop care plans to help ensure people were not discriminated against. We saw adjustments had been made for people, for example ensuring specific diets were available for people and information was presented in appropriate formats.

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

- People were able to express their views and make decisions about their care. People and relatives said they felt involved and their communication with the home was generally good. Care plans demonstrated people had been involved in the creation and review of these. We observed staff asked people for their views on a daily basis. For example, they asked people what they wanted to eat, where they wanted to sit and what they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity and independence was promoted. Staff recognised the importance of treating people with respect and people said staff treated them well. We observed staff were mindful of people's privacy and dignity when supporting them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs. Overall, people were positive about the care provided and said it met their individual needs. One relative said, "The care is fantastic. They are really well looked after." People had clear, person-centred care plans in place which demonstrated their needs had been assessed. These were subject to regular review. Staff were knowledgeable about the people they were supporting which gave us assurances that care plans were followed.
- The service had introduced a new admission questionnaire to help respond to people's needs around relationships and sexuality. This had helped to ensure appropriate information was available to assist staff in meeting people's needs in this area.

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 meeting the requirements of the AIS. People's communication needs were assessed prior to using the service. We saw appropriate adjustments had been made for people with sensory impairments, for example by providing documents and newspapers in different formats and considering the environment taking on board the feedback of other professionals.

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 had access to a range of activities. An activities co-ordinator was employed who worked across the home five days a week. They undertook a range of activities with people on a group and individual basis. Further enhancements to activity provision were planned through the use of technology in the near future, to provide more interactive games and activities.
- Links were maintained with the local community. For example, school children regularly visited the home to provide people with stimulation and interaction.

Improving care quality in response to complaints or concerns

- Complaints were managed appropriately. Overall, people and relatives said the registered manager was approachable. We saw they had discussed concerns with people and were committed to improving people's experience. Complaints records demonstrated complaints were responded to appropriately. Compliments

were also kept on file so the service knew where it exceeded expectations.

End of life care and support

- People's end of life care needs were assessed and information recorded in their care plans to guide staff. People's priorities of care were documented along with any cultural or spiritual needs, to help the service ensure people received care in the place of their preference towards the end of their lives. The registered manager had a good understanding of what was needed to deliver kind, compassionate end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and person-centred culture within the home. People and relatives praised the overall care experience. One person said, "I like it very much. It's nice and homely. Everybody is kind." Another person said, "The manager was good to me, she took time with me. I have no complaints at all here."
- Staff said they enjoyed working at the home and that overall morale was good. Some staff said that they had some concerns over staffing levels which we raised with the registered manager. Staff said they felt able to raise and discuss issues with the management team.
- Where things had gone wrong or improvements were suggested by other stakeholders, the provider and registered manager responded positively to these, acting in an open and transparent way.

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

- Management and staff were clear about their roles and were meeting regulatory requirements. A range of audits and checks were undertaken including medicine audits, catering and infection control audits and provider audits. We saw these were effective in monitoring the service and helping encourage continuous improvement.
- The service was committed to continuous improvement. Electronic care and medicine management systems had been introduced to provide better management oversight and reduce errors. A service improvement plan was in place to ensure continuous improvement of the service, including improvements to the home environment over the next few months.
- Following our feedback the provider demonstrated steps were being taken to ensure greater oversight of staffing levels and bathing regimes in the home, supplementing the pre-existing dependency tool with other measures including a regular staff meeting to review staffing levels.

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

- Feedback from people was regularly sought. People had review meetings, people and relatives and health professionals were invited to complete surveys and resident meetings were held. We saw evidence of actions taken following suggestions at resident meetings such as improvements to the garden area.

Working in partnership with others

- The service worked with a range of organisations including local health and social care organisations to co-ordinate people's care. The service worked with local community organisations to provide stimulation and activity for people.