

Somerset Care Limited

Sunningdale Lodge

Inspection report

Sunningdale Road
Yeovil
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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 

Overall summary

This inspection took place on 11 August 2015 and was an unannounced inspection.

At the last inspection carried out on 8 September 2014 the service was found to be in breach of one of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Care plans did not always reflect the care people received. Following the inspection the provider sent an action plan to the Care Quality Commission (CQC) stating how and when improvements would be made. At this inspection we found that action had been taken to improve the service and meet the compliance action set at the previous inspection.

Sunningdale Lodge is a purpose built home which is situated in a residential area in Yeovil. The home can accommodate up to 40 people and it provides accommodation and support with person care needs to older people. Bedrooms are for single occupancy and are arranged over two floors. A shaft lift and stairs provide access to the first floor. There are pleasant gardens and parking is available. The home is staffed 24 hours a day.

There is a registered manager who is responsible for the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The registered manager had a very good knowledge about the needs and preferences of the people who lived at the home. They had a clear vision for the home and they made sure this was understood and followed by the staff team. They were committed to ensuring people received the best possible care.

People were cared for by a staff team who were appropriately trained and well supported. There were enough staff to help keep people safe and the staffing structure meant that senior staff were always available to support less experienced staff.

People and their visitors told us staff treated them with kindness and respect. One person told us "All the staff are so lovely. I am very happy here." Another said "It's a very friendly place here. The staff are very kind to me."

People received their medicines when they needed them. Staff followed safe procedures for the management and administration of people's medicines.

People received effective care and support which was adjusted to meet their changing needs. People had access to appropriate healthcare professionals to make sure they received effective treatment when required.

People were provided with opportunities for social stimulation and trips out. Designated activity staff were employed and activities were tailored to meet the needs and preferences of the people who lived at the home.

People had their nutritional needs assessed and food was provided in accordance with people's needs and preferences.

There were effective quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks in place to monitor safety and quality of care.

Summary of findings

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 safe.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

People received their medicines when they needed them. There were procedures for the safe management of people's medicines.

The provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Good



Is the service effective?

The service was effective.

People spoke highly of the staff who worked at the home and they told us they were happy with the care and support they received.

People could see appropriate health care professionals to meet their specific needs. Each person had their nutritional needs assessed to make sure they received an adequate diet which met their assessed needs and preferences.

Good



Is the service caring?

The service was caring.

People were supported by kind and caring staff.

People's views about the service they received were valued and responded to.

Staff treated people with dignity and respect and their privacy was respected.

Good



Is the service responsive?

The service was responsive.

People told us they received care and support in accordance with their needs and preferences.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

People were able to take part in a range of group and one to one activities according to their interests.

Good



Is the service well-led?

The service was well-led.

The registered manager was described as open and approachable.

The performance and skills of the staff team were monitored through day to day observations and formal supervisions.

There were quality assurance systems to monitor care and plan on going improvements. There were audits and checks in place to monitor safety and quality of care.

Good



Sunningdale Lodge

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 11 August 2015 and was unannounced. It was carried out by two inspectors.

We looked at previous inspection reports and other information we held about the home before we visited. We looked at notifications sent in by the provider. A notification is information about important events which the service is required to tell us about by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

At the time of this inspection there were 32 people living at the home. During the inspection we spoke with 14 people, eight members of staff, three visitors, the registered manager and an operations manager.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of four people who lived at the home and the recruitment files of three members of staff. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said “I have no worries about living here at all. I am very well looked after.” Another person told us “I feel very safe here. They all take good care of me.” A visitor told us “It is such a relief to us knowing that [person’s name] is now safe and is getting the care they need. We can leave here without any worries at all.”

Risks of abuse to people were minimised because the provider made sure that all new staff were thoroughly checked to make sure they were suitable to work at the home. Checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults.

Staff told us, and records seen confirmed, all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the registered manager’s attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. One person said “There always seem to be plenty of staff about to help you.” Another person told us “If I ring my call bell at night, I never have to wait long for someone to appear.” The registered manager told us the number of staff on duty depended on the needs of the people who live at the home. They provided us with examples where staffing levels had been increased. For example when a person was poorly or required additional staff to help keep them safe.

Care plans contained risk assessments which helped to minimise risks to people who lived at the home. These

included reducing the risk of falls, assisting people to mobilise and reducing risks to people who were at high risk of malnutrition and pressure damage to their skin. A plan of care had been developed to minimise risks and these were understood and followed by staff. For example staff made sure one person who was at high risk of malnutrition was provided with additional snacks and food supplements throughout the day. Where there was an assessed need, people had specialised mattresses on their bed and pressure relieving cushions on their chair.

People’s medicines were administered by staff whose competency had been assessed on a regular basis to make sure their practice was safe. There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used printed medication administration records. Medication administration records showed medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Systems were in place to safely evacuate people from the home in the event of an emergency. Each person had a personal emergency evacuation plan. This gave details about how to evacuate each person with minimal risks to people and staff. Fire grab bags were located so they could be quickly accessed in the event of an emergency. These contained a fire risk assessment, evacuation plan and list of people using the service.

The premises were well maintained. Maintenance staff were employed and regular checks were carried out to make sure the environment and equipment remained safe. Records showed that repairs had been completed without delay.

Is the service effective?

Our findings

Staff knew how to make sure people's legal rights were protected. They had a satisfactory understanding of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to support people to make decisions and about the procedures to follow where an individual lacked the capacity to consent to their care and treatment.

We heard staff asking for people's consent before they assisted them. One member of staff told us "We always promote independence but we can't force people to do anything. If someone doesn't want to do something, you have to respect that."

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager knew about how and when to make an application and knew about the changes to this legislation which may require further applications to be made. We saw the home had made a number of applications for people who were unable to consent to living at the home. Further applications were in the process of being made.

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff told us they had good training opportunities which helped them understand people's needs and enabled them to provide people with appropriate support. There was a staff training matrix which detailed training which had been completed and showed when refresher training was due. Examples of training staff had received included; Health and safety, safeguarding adults from abuse, moving and handling, fire safety and infection control. Staff had been provided with specific training to meet people's care needs, such as caring for people who were living with dementia.

Newly appointed staff completed an induction programme where they worked alongside more experienced staff. During this time staff were provided with a range of training which included mandatory and service specific training. Their skills and understanding were regularly monitored through observations and regular probationary meetings. The staff we spoke with told us they were never asked to undertake a task or support people until they had received the training needed and they felt confident and competent.

People could see healthcare professionals when they needed to. People told us the home was very good if they were unwell and made sure they were referred to appropriate professionals. One person said "I've been having pain in my back so the staff have arranged for me to see the doctor." A visitor told us "My [relative] bumped their arm. The staff were very good and arranged for a doctor to visit straight away." People also saw other healthcare professionals to meet specific needs. Examples included speech and language therapists, mental health professionals, dieticians, opticians and chiropodists.

People were supported to have enough to eat and drink. Each person had a nutritional assessment which detailed their needs, abilities, risks and preferences. Staff, including catering staff knew about people's preferences, risks and special requirements. People were provided with food and drink which met their assessed needs. Examples included soft or enriched diets. People who were at risk of malnutrition were weighed at least monthly. We saw weight charts in each person's care records. All records were recorded accurately and were up to date. Staff had highlighted any concerns with regard to weight loss and they had sought the advice of appropriate health care professionals where needed. People in had access to jugs of squash and there was a water dispenser in the reception area. A choice of hot and cold drinks were offered regularly throughout the day and on request.

At lunch time we saw that people were able to choose where they ate their meal. The majority of people ate lunch in the dining room however; some people chose to remain in their bedroom. One person told us "I can eat wherever I like. Sometimes I might go to the dining room but today I just want to sit quietly in my room." Another person said "They [the staff] don't mind where you eat. It's very good here."

Is the service caring?

Our findings

There was a friendly and homely atmosphere in the home. People said they were supported by kind and caring staff. One person told us “All the staff are so lovely. I am very happy here.” Another said “It’s a very friendly place here. The staff are very kind to me.”

We were shown the results of a recent survey which had been completed by people’s relatives. One relative commented “You all treat my [relative] with kindness and compassion.” Another relative said “Sunningdale has made my [relative] back to the person they always were. My [relative] is lucky to be here.”

Each person had a keyworker which enabled them to build a relationship with a member of staff who knew them well. People knew who their keyworker was and said they valued them. One person said “My keyworker is very kind, caring and understanding. They know what is important to me and we have lovely chats about all sorts of things.”

People said staff respected their privacy. All rooms at the home were used for single occupancy. People told us they could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people’s belongings, such as furniture, photographs and ornaments to help people to feel at home. Staff knocked on doors and waited for a response before entering. We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality.

People were treated with dignity and respect. Staff interacted with people in a kind and respectful manner. One person became anxious about the time their relative was visiting. The registered manager spent time reassuring this person and made sure the date and time on their watch was correct. The person responded positively to this and became less anxious. Staff addressed people using their preferred name and they were discreet when offering people assistance with personal care needs.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions. Care plans showed that people and/or their representatives had been involved in discussions about the care they received. In a recent satisfaction survey, one person had said “My keyworker always makes sure I am alright and that I am happy with everything.” Another person commented “I am able to make decisions about what I want and the staff always oblige. I asked to move to another room and I moved within a week.”

People told us they were able to have visitors at any time. People could choose whether to see their visitors in the privacy of their own room or in the communal areas. One person said “They always make my visitors feel welcome. They are always offered refreshments and they enjoying coming here.” People had access to a computer in the home where they could email or skype their relatives whenever they wanted.

Is the service responsive?

Our findings

At our last inspection improvements were needed as care plans were not always reflective of the care and support people received. At this inspection we found appropriate action had been taken to address these shortfalls. Care plans contained clear information about people's assessed needs and preferences and how these should be met by staff. This information helped staff to provide personalised care to people. For example, care plans detailed information about people's preferred daily routines such as what time they like to get up or go to bed in the evening. One person who lived at the home told us "I can do as I please. I get up when I like and I go to bed when I like. The staff are always very accommodating."

Before people moved to the home the registered manager or deputy manager visited them to assess and discuss their needs, preferences and aspirations. This helped to determine whether the home was able to meet their needs and expectations. People and their representatives were encouraged to visit the home before making a decision to move there. One person told us "My [relative] looked at four homes for me. They told me this home had a lovely feel and that [the registered manager] was very helpful and welcoming." A visitor told us "The manager came to my [relative's] home to do an assessment. They spent time finding out what my [relative's] needs were and what was important to them. We certainly have no regrets about choosing this home."

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People were supported to be as independent as they could be. Care plans detailed how each person should be supported to do as much as they could for themselves. For example choosing the clothes they wanted to wear, dressing and washing. We saw one person assisting a

member of staff to take laundry to people's bedrooms. The registered manager told us the person really enjoyed helping out in the laundry and liked to do the ironing. People who lived at the home had varying levels of mobility however; we were informed that there was nobody who required a hoist to help them transfer. Staff made sure people had access to their own walking aids and they assisted people to walk in an unhurried manner. We met with one person who experienced difficulties in remembering where their bedroom was. Staff told us this person liked to go up and down to their room when they wanted to and had become frustrated because they could not remember where their room was. In response to this staff had written down the room number and floor the person's bedroom was on to assist them. We observed this person referring to the information regularly throughout the day and they accessed their bedroom without staff assistance.

People were supported to follow their interests and take part in social activities. Designated activity staff were employed and people were provided with opportunities to take part in a varied activity programme within the home and in the community. On the day we visited, many people were engaged in a quiz and during the afternoon people enjoyed an armchair trip to the seaside. One person was keen to tell us about a forthcoming trip to the Dorset coast. They said "We had a meeting and were asked where we would like to go. I am really looking forward to it." There was a religious service during the morning conducted by a local vicar. This was a regular event and was well attended. A hairdresser regularly visited the home and many people enjoyed having their hair done on the day we visited.

The registered manager sought people's feedback and took action to address issues raised.

There were monthly meetings for people who lived at the home and their relatives. The minutes of a recent meeting showed people had been able to express a view on the service they received. For example an activity coordinator and the head cook had attended the meeting and had asked for suggestions about the meals and activities. People had made suggestions about what they would like to be stocked in the home's shop. A poster was displayed in the home which detailed the action taken based on the

Is the service responsive?

suggestions people had made at a previous meeting. The poster, titled, 'You said. We did', showed American and Mexican days had been planned after people had said they would like to try different sorts of food.

People and their visitors knew how to make a complaint. Everyone we spoke with said they felt confident any concerns would be addressed. One person said "The

manager and staff are very approachable. I would have no anxieties about making a complaint. Records of complaints showed that all complaints expressed verbally or in writing were responded to in a timely manner. We saw complaints had been fully investigated and action was taken to address people's concerns.

Is the service well-led?

Our findings

People who lived at the home, staff and visitors described the registered manager as very approachable, supportive and always willing to listen. Through our discussions with the registered manager and through our observations it was evident that they were committed to ensuring people received the best care possible. They spoke with great compassion about the people who used the service and it was evident they knew people very well.

The registered manager was very visible in the home. Their office was located just off the reception area of the home which made them very accessible to people. The office door was open and we saw people and visitors popping in and out to have a chat or to discuss any queries they had. People were greeted warmly by the registered manager who took time to listen and respond to what people said or wanted.

The registered manager had a clear vision for the home. They said “I want our residents to have the best care possible in a homely and friendly environment. This is their home and it is important that our residents feel they are listened to and that they feel safe.” Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Staff shared the registered manager’s values and they told us they were well supported. One member of staff said “This is such a lovely homely place. The residents are very well cared for and they seem happy. I get lots of support and lots and lots of training. It’s a happy place to work.”

There was a staffing structure in the home which provided clear lines of accountability and responsibility. In addition to the registered manager and deputy manager there was a team of care staff who were supported by more senior care staff. The skill mix of staff meant experienced staff were available to support less experienced staff. Staff were clear about their role and of the responsibilities which came with that. Catering, domestic, administrative, maintenance and activity staff were also employed.

People were cared for by staff who were well supported and kept up to date with current developments. Each member of staff had an annual appraisal where they were able to discuss their performance and highlight any training needs. There were also meetings for staff where a variety of issues could be discussed. The minutes of the last staff meeting showed discussions included the new Care Quality Commission inspection methods. There was also a handover meeting at the start of every shift to ensure all staff were kept up to date with people’s care needs.

Staff were supported and trained to take lead roles. They shared their knowledge and provided training for other staff as well as ensuring standards were maintained. These included dementia champions, end of life care and health and safety champions.

There were quality assurance systems in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. An operations manager from the company carried out regular visits to monitor the service using the five questions we report on; Is the service safe, effective, caring, responsive and well-led. We read the report of a recent visit which showed outcomes were positive.