

Sunnycroft Residential Care Home Ltd

Sunnycroft Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was unannounced and took place on 6 January 2016. We visited again on 15 January 2016 to complete the inspection. We had previously visited in September 2013 when we found the service complied with all the regulations we inspected.

Sunnycroft Residential Care Home is a care home without nursing. It is registered to provide accommodation care and support for up to 32 people, any number of whom could be living with dementia.

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

We received positive feedback about the care and support provided from people who lived at Sunnycroft, from their relatives and from visiting professionals. A consistent view of the service was it provided caring support in a family like atmosphere.

People said they felt safe at Sunnycroft and there were appropriate processes in place to protect them from abuse, to minimise identified risks and to ensure people received their medicines safely.

There was a sufficient number of suitable staff deployed to meet people's needs..

Staff morale was good. Staff were well supported by management and had access to suitable training. Staff liaised appropriately with health care professionals and followed advice given to help to ensure people's health needs were addressed. People liked the food and were provided with suitable foods to meet their dietary requirements and preferences.

The atmosphere throughout the home was friendly, calm and caring. The staff spoke about people in a respectful manner and demonstrated a good understanding of their individual needs. People were provided with choices regarding their daily routines with some people choosing to spend time in their rooms. Staff went out of their way to include everyone in activities if this was their wish and we saw people very much enjoyed the activities provided. There had been some adaptations to the environment to help people to remain as independent as possible.

People were confident they could raise concerns or complaints and that these would be dealt with. There was an open and inclusive culture within the service. The registered manager was approachable, accessible and welcomed and encouraged feedback. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

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.

Staff had a clear understanding of what constituted potential abuse and of their responsibilities for reporting suspected abuse. Identified risks to people were managed effectively to help to keep people safe.

Staffing levels were sufficient and recruitment processes were robust.

People's medicines were managed appropriately so they received them safely.

Is the service effective?

Good ●

The service was effective.

Staff received training which was relevant to their role.

Staff sought people's consent when they provided care and support and worked in line with The Mental capacity Act

Staff ensured people's dietary and health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with people using the service.

Staff communicated effectively and encouraged people to use their skills

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support in line with their needs and wishes.

There were a range of activities available.

Complaints were listened and responded to.

Is the service well-led?

Good ●

The service was well led.

There was a positive and open culture within the service and leadership was good.

There were effective quality monitoring systems in place to drive improvement

Sunnycroft Residential Care Home

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 6 January 2016 and was unannounced. We returned on 15 January 2016 to complete the inspection.

The inspection team comprised one inspector, a specialist advisor and an expert by experience. The specialist advisor was a nurse practitioner who had considerable experience of working with people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for a family member living with dementia.

Before we visited we reviewed information available to us. This included notifications the service sent to us. All care providers must notify us about certain changes, events and incidents affecting their service or the people who use it. We also reviewed the Provider Information Return which is a pre inspection questionnaire completed by providers.

During our visit we spoke with 16 people who lived at Sunnycroft, with five relatives and with six staff. We spoke with the registered manager and with the owner. We observed care being provided in communal areas and reviewed nine people's care records. We also looked at other records such as staff training and recruitment files, accident and incident reports, quality assurance surveys and records of complaints.

After our inspection we spoke with one social care professional to gather their views about the quality of the

service.

Is the service safe?

Our findings

Everyone we spoke with said they felt safe at Sunnycroft. One person said for example, "It feels like home, people know me and what I like, they do everything for me. If I ever did have a problem I would talk to Anna (The registered manager) or any of them. They are all good and listen to me. I do feel safe here". People's comments about feeling safe were echoed in the recent quality assurance survey completed by people who lived there. We observed staff responded to call bells quickly.

There were safe processes in place to help to protect people. There was a safeguarding policy in place which was in line with Hampshire County Council safeguarding policy and so followed agreed protocols. This meant any concerns regarding possible abuse or neglect were reported to Hampshire County Council and to CQC. Staff had received safeguarding training so they were aware of the different forms of abuse and what to do to protect vulnerable adults. Staff understood their rights and responsibilities under whistleblowing arrangements but felt confident they could raise any concern directly with the registered manager or owner. They knew which external agencies they could also report concerns to such as the local authority or CQC if they needed to.

People told us there were enough staff to meet their needs and staff said they had sufficient time to support people effectively. Staff were deployed in different numbers at different times of the day. This helped to ensure more staff were on duty at times when more people needed support and assistance, for example first thing in the morning. There was at least one senior member of staff on duty during the day at all times to guide and support care staff. There were two waking night staff on duty each night. The service employed catering staff such as cooks and cleaners, a maintenance staff and a receptionist. The registered manager said they did not employ agency staff. Where there were gaps in staffing levels due to holiday's sickness or training these were covered by existing staff or by regular bank staff.

The provider operated a thorough recruitment procedure. Staff employed had the appropriate checks such as evidence of Disclosure and Barring Service (DBS) checks, references from previous employers and employment histories. These measures helped to ensure that only suitable staff were employed to support people who used the service.

Risk to people's health and wellbeing were assessed, for example whether they were at risk of falling. Where a person had been assessed as having a high risk of falling, action had been taken by consulting with health care professionals for advice; by ensuring people had appropriate walking aids and by reducing any trip hazards in the environment. Staff closely monitored people who had fallen for three days to ensure they had not sustained any injury.

There were risk management plans in place for foreseeable emergencies. For example, there were plans in place to manage in the event of staffing shortages, or fire alarm or call bell alarm failure. Everyone had a personal emergency evacuation plan which was up to date. There were clear instructions for staff about what to do should an emergency occur.

Medicines were safely managed. There were good systems in place for the ordering, storage, administration

and safe disposal of medicines. Staff who administered medicines had received training to ensure they could do this safely. We observed staff carrying out medicines administrations and their approach was professional and patient.

Is the service effective?

Our findings

People said they enjoyed the food. One person said "The food is very good. You choose from a menu, and it's all nice!" We found some people were having difficulty eating their meals and suggested additional cutlery or adaptation's such as a plate guard may be required to assist them to continue to eat independently. Another person had a plate-guard fitted, and was managing to eat without assistance. They said "Anna (the registered manager) spotted that I didn't like fish, so on fish and chips days I get egg and chips! I wasn't eating hardly anything at home. They saved me here – I weigh nearly 8 stone now!" Staff had a good understanding of people's dietary needs and preferences and these were provided, for example for people who had diabetes. We observed staff supporting people to eat their meals and they were patient and attentive throughout the experience. They spoke with people about the food and they explained what the food was and asked pertinent questions about how it tasted. People's preferred portion sizes were recorded and we saw people had large portions at mealtimes where it had been specified this was their preference. We observed people had access to drinks in their rooms and in the lounges.

Staff received training in the Mental Capacity Act (MCA) 2005 and we observed them giving people choices, for example, they respected people's wishes and preferences at mealtimes and in the activities they wanted to do. 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. Staff understood that when people lacked capacity to make informed decisions about their care and support any actions taken must be in the person's best interests. Some mental capacity assessments had been completed for example for the management of people's medicines. Where required, staff had worked with relatives and other professionals to reach 'best interests' decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority to protect the person from harm. The registered manager understood Deprivation of Liberty Safeguards (DoLS) and staff received training to support their understanding. Applications for authorisation had been made to the local authority responsible for making these decisions.

New staff completed an induction programme which consisted of discussions videos and written assessments. They were supervised by senior staff. Established staff received 1-1 supervisions three times a year and staff received an annual appraisal although at the date of this inspection the registered manager said only two of these had been completed. The manager also worked alongside care staff for some shifts and so used this as an opportunity to observe their skills and practice.

Staff confirmed they felt well supported by senior staff and by the registered manager. Staff received training in key health and safety areas such as fire safety awareness food safety and moving and handling. The service had links with Eastleigh College and eleven current staff were studying for an NVQ (National Vocational Qualification) in care, for a VRQ (Vocationally Related Qualification) or for the Care Certificate.

Three other staff were due to start on a VRQ in dementia awareness.

Staff liaised effectively with health care professionals to make sure people's health care needs were met. Visiting professionals had completed a recent survey and rated the quality of care provided as outstanding or good. They said staff communicated well with them, had a good knowledge of people's needs and carried out advice given. Visitors said they were kept up to date with any changes in their relative's health.

People's care plans contained information about their medical history and a record was kept of all visits by health care professionals. These showed people had access to a range of health care professionals when the need arose such as dentists, occupational therapists and district nurses.

Is the service caring?

Our findings

People said they were treated with dignity and respect. One person said "The girls never come in without knocking and calling your name. They're very good." People were very positive about the care they received. One person said "It's a smashing place. You get loads of laughs" another person agreed saying "Oh, we have a laugh here. It's so nice. They're ever so good about asking your likes and dislikes. One person said "People notice you, here. You don't need to say anything – they'll ask, and spot things that are good or not so good. One day, one of the girls said to me 'you look a bit pale, is anything the matter?' Another said "I can honestly say this is my home"

Visitors we spoke with also felt staff were caring. One said "This home is absolutely the best. The staff work their socks off night and day. Grandma is beautifully looked after, the staff are wonderful, they are cheerful and a very happy bunch. This is not like one of those awful homes you read about, the staff are loving and kind, most have stayed for years which is telling. They really put themselves out and I am glad she is here I know she is safe and well looked after". Another said "I'm very impressed with this place. Everyone is so happy and chatty. Christmas was lovely – we felt part of the family." And "every time I bring her back from somewhere, I'm not out of the car before someone is there to help us. I've never had to ask for help – it's always there."

We observed staff and people who lived at Sunnycroft were friendly with each other. Staff greeted people by name when they came in the room and were courteous, for example we heard staff complementing people on their hair or their clothing. We saw one person who was becoming distressed during an activity session and staff responded quickly providing them with something else to do which helped to calm them. Staff had a good knowledge of people's interests and talked with them about these, for example they knew which football club one person followed and they discussed this with them. Visitors chatted freely with everyone and we observed friendships had been formed between people living there, with people choosing to spend time in each other's rooms as well as in communal rooms.

Staff supported people to be involved in making decisions about their care and to be as independent as possible. Care plans described what people could do for themselves as well as what they needed support with. A few people had their meals at different times to most people as this suited them better. People were involved in the daily running of the home if this was their wish for example some people dusted their bedrooms, others cleared away tables. Staff always thanked them when they did this. On one of the days of our inspection it was someone's birthday. The lounge had been decorated with the person's name in colourful large letters with balloons and photographs of the person and their family. Almost all of the staff gathered to sing Happy Birthday alongside the other people who lived at the home. It was a very happy occasion and everyone was laughing and smiling. It was clear the staff had put a great deal of thought into the occasion to make it a special event.

In the recent survey all but one person who lived at Sunnycroft said their privacy and dignity was respected. At lunchtime we noted that staff asked people if they would like to wear a clothes protector. Those who

wanted one were supported to put it on while others had the option of nothing or a serviette. Some decided against using anything and the staff respected their wishes.

There were two double rooms and we saw there were screens provided in them to provide privacy. There was a treatment area where district nurses or other health care professionals could see people in private, if they did not wish to receive treatment in their bedroom. People had been asked if they wished to take their medication in private.

Is the service responsive?

Our findings

People had their needs assessed before they came to live at the home. This helped to ensure it would provide appropriate care for them. This initial assessment had been made more comprehensive recently to help to ensure staff had a very good understanding of the care and support people needed. From the initial assessment a plan of care was devised which was reviewed and updated regularly to reflect peoples changing needs. This was carried out in consultation with the person concerned or where appropriate with the persons family. Relatives said "we don't formally look at her care plans, but we do feel completely informed."

People's mental health needs were assessed and guidance was provided to staff about how to assist them in this for example for one person who could have trouble sleeping.

People were satisfied the care provided met their individual needs. For example one person told us "when my GP said hot baths might help the pain in my hips, I get a hot bath whenever I want – I had one this morning, and it really helps." Another described how they chose to spend times in their bedroom and at other times they went to the lounge areas. They said "My desire is just to be comfortable here, and I am."

The home employed an activity co ordinator and they spoke about their role with great enthusiasm. They had arranged a variety of group activities such as baking, skittles, movies with ice cream and when the weather allowed outings to a variety of places. The Activities Organiser was handing out a list of options to all people while we were there, to find out which ones were most popular. If people did not wish to go out there was an indoor version of each event giving everyone who wanted it a chance to experience each outing, even if they were unable or unwilling to actually go out on it. This was achieved by erecting a cardboard coach, labelled with the particular 'destination' and using décor and appropriate foods to recreate that atmosphere. Some examples were "The Beach" with fish 'n' chips and ice creams; or the "Gardens" with cream teas. All the props that were necessary for these activities were made by staff and people who lived at Sunnycroft who clearly enjoyed participating in this.

One hour a day was set aside for seeing people in their rooms and staff understood the importance to taking time to chat with people. One person said "Oh no, they don't rush off, they'll pass the time of day, too."

Some consideration had been made to make life easier for people living with dementia. There were signs on toilets and bathrooms and a board in the lounge which displayed the day and date. Staff had their names on their work tops. One person showed us a "Days of the week" memo-board that had been fixed to their wall, so they could keep track of the days: They said "I'm a bit vague so I cross off each day at bedtime and then I know what day it is when I get up." One person who had not been eating had been provided with a red plate. This made it more visible and as a result the person's eating had improved.

People said they felt able to complain if they needed to and were confident their concerns would be listened to. A copy of the complaints procedure was on display and it had been translated into a different language and given to a person whose first language was not English

A record was kept of complaints which we saw had been responded to in line with the services complaints procedure. The registered manager had made improvements as a result of complaints made. For example the assessment process completed before people moved into the home had been changed to include more information.

Is the service well-led?

Our findings

There was a positive open culture within the home. There was a registered manager in post who regularly worked on the floor as part of the staff team. This helped to ensure she was visible and that she understood people's needs. It also helped her to monitor the quality of service provided. People described the registered manager as supportive and approachable. A visitor told us the registered manager was "excellent she runs a really good home and knows everyone living here, the staff seem to like her they always say she is fair and she is really kind to the residents I have seen it myself, yes this is a well led home".

Staff morale was good. Staff said for example "I love working here" and "it's a very nice home" and "we all pull together" They said of the registered manager "She is an excellent manager, she knows all the residents really well and the staff too, she wants to know when things go wrong so that we can all learn but not to blame. She is a 'do as I do' person and is always out observing but also helping too, she leads from the front".

Another staff member said "I think she is an excellent manager, she is very clear but supportive too and keen that we all do well together. I know she would listen to me if I had any concerns and she would act on anything that was reported to her, she has an open way of working, so people are not afraid of her but have a lot of respect for her".

The registered manager said she was well supported by the owner who visited at least once a week.

The service encouraged feedback and suggestions from people about how further improvements could be made. They had recently completed a survey which had been sent to people living at Sunnycroft, relatives and health and social care professionals. The responses to the surveys were nearly all positive and mirrored the positive comments people made during our visits.

There was a residents meeting around every six months. Issues which affected everyone were discussed, for example menus, activities and any new staff being appointed. Minutes of the meetings were typed and displayed on the notice board for all to read. Suggestions from these meetings had been actioned for example people had said the food could sometimes be served hotter and as a result the service had purchased plate warmers.

The provider had set up a Sunnycroft social media page so families who could not visit often could find out what was happening in the home.

The registered manager said they were always looking to improve the service by checking The National Institute for Health and Care Excellence (NICE) guidelines and by taking advice from healthcare professionals

We discussed some improvements needed to the service during our visits for example in the storage of some medicines and minor repairs needed to some toilet floors. The registered manager was very quick to ensure these improvements were made. This showed the service was receptive to any changes needed and also showed they were keen to drive improvement.

There were quality assurance processes to ensure the environment remained safe and appropriate and to ensure care practices continued to reflect any changes in people's needs. There were, for example regular audits of care plans and medicine management. The service had recently appointed an external consultant to help to audit all aspects of the service and to ensure it continued to meet with regulations. This full external audit was going to take place quarterly.