

# Care UK Community Partnerships Ltd

# Sunningdale

## Inspection report

Birkdale Way  
New Bridge Road  
Hull  
Humberside  
HU9 2BH

Tel: 01482587924

Website: [www.sunningdalecourthull.co.uk](http://www.sunningdalecourthull.co.uk)

Date of inspection visit:  
02 December 2019

Date of publication:  
25 February 2020

## 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

Sunningdale is a care home providing nursing and personal care for up to 49 people some of whom may be living with dementia. At the time of the inspection there were 43 people living at the service.

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

People told us they felt at home and their views were valued and acted upon. One person told us, "I like living here."

People were protected from the risk of harm and abuse. Safeguarding procedures guided staff about the action they must take if they suspected abuse was occurring. People's risk assessments identify hazards to their health or wellbeing. Action was taken to reduce risks but maintain people's independence and choice. There were enough staff to meet people's needs. Incidents and accidents were monitored, and corrective action was taken to prevent re-occurrence. Recruitment and medicine management was robust.

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 undertook training, supervision and appraisals to help maintain and develop their skills.

Staff were kind and caring. Staff provided encouragement and guidance to people. Information was provided to in a format that met people's needs in line with the Accessible Information Standards.

People's nutritional needs were known and met. People were encouraged to maintain their independence. Staff worked with relevant health care professionals to maintain people's wellbeing.

People were provided with information about how to raise complaints, which were investigated and responded to by the management team. A programme of activities was provided in line with people's hobbies, preferences and interests. End of life care was provided at the service.

People's views were gained and acted upon about the service they received. The registered manager was available to receive feedback at any time. The ethos of the service was open and transparent. Data security was maintained.

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

The last rating for this service was good (published 02 June 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?

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.

# Sunningdale

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was undertaken by one inspector and assistant 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 is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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 about 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 also asked Healthwatch for their views. 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 this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and four visitors about their experience of the service. We spoke with the registered manager, deputy manager, chef, activity co-ordinator and with three care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and five medication records. We looked at three staff files in relation to recruitment, training, supervision and appraisal. We inspected a variety of records relating to the management of the service which included policies and procedures and quality assurance checks and audits.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- The provider had an infection control policy in place which staff followed. Staff were provided with gloves and aprons to protect people from the risk of cross infection.
- Repairs were required to four small areas of lino and two tiles required replacing to help maintain infection control. This work was undertaken immediately.

### Systems and processes to safeguard people from the risk of abuse.

- Staff safeguarded people from the risk of harm and abuse. Staff had safeguarding training and understood the types of abuse that could occur. One member of staff told us "I would report issues immediately."
- The provider had safeguarding policies and processes in place. Staff and the management team understood their responsibility to report concerns.

### Assessing risk, safety monitoring and management

- Risks to people's wellbeing were identified, recorded and monitored. Staff were aware of this information which helped to protect people's wellbeing.
- People confirmed via the providers survey they felt safe living at the service.
- The management team monitored all aspects of the service provided. Corrective action was taken if issues were found.

### Staffing and recruitment

- There were enough staff available to meet people's needs.
- People were supported by staff who had the skills required to care for them safely. A member of staff told us, "We have lots of training provided."
- Checks were in place to ensure staff were recruited safely and were suitable to work in the care industry.

### Using medicines safely

- Staff prompted or assisted people to take their medicines as prescribed. People's care record contained information about 'as and when required' medicines for staff to follow. Staff recorded when prescribed medicines were taken or refused.
- The management team audited medicine administration records. Any issues found were acted upon and this information was shared with staff so that learning could take place.
- Temperature checks for the storage of medicines had not always been recorded daily. The management team took corrective action to ensure this was addressed.

### Learning lessons when things go wrong

- People were supported to take positive risks to aid their independence, where possible.
- Accidents and incidents were responded to appropriately. The management team reviewed this information and shared learning with staff. Advice was sought from health care professionals to reduce the risk of re-occurrence.

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

- People's needs were assessed. People were only admitted to the service if their needs could be met.
- Care and support was planned, delivered and monitored in line with current best practice and evidence-based guidance.
- People's care and support was kept under review. Staff confirmed this and told us they reported changes in people's conditions immediately. Contact with health care professionals was recorded, their advice was followed to maintain people's wellbeing.
- Information was shared with other agencies if people needed to access other services or were admitted to hospital. This ensured people's needs continued to be met.

Staff support: induction, training, skills and experience

- Staff were supported to fulfil their role. New staff undertook a period of induction to learn how to care and support people in line with the providers policies and procedures.
- The care certificate, a nationally recognised course was offered to staff to help develop their caring skills.
- On-going training was provided for all staff. A member of staff told us, "We undertake a lot of training to refresh our skills."
- People confirmed their support was provided by knowledgeable, skilled staff.
- Staff undertook regular supervision and had a yearly appraisal. This allowed them to reflect on their work and identify any further training or development needs.

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

- People had their nutritional needs assessed and balanced diet was provided. People's special dietary needs were met. Snacks and drinks were available anytime.
- Concerns about people's dietary intake or issues with swallowing were reported. Corrective action was taken by staff to maintain people's nutrition needs.
- Mealtimes were staggered so that staff could provide assistance for people who needed encouragement or support to eat and drink.
- People could choose where they wished to eat. Mealtimes were social occasions. One person told us, "If there is something you don't like staff they change it." A visitor said, "The food is fantastic and there is a great choice."

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

- The environment was monitored and improved. A programme of re-decoration was planned to ensure the service looked homely.
- Pictorial signage assisted people to find their way around.
- Bedrooms were personalised and re-decorated when they became vacant so that the service remained a pleasant place for people to live.
- The grounds had level access with seating for people to use.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff undertook training about MCA and DoLS.
- The management team had submitted ten DoLS applications to the local authority. None had been authorised.
- Best interest decisions were made in consultation with people's relatives and relevant health care professionals to make sure people's rights were protected.

# 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 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

- Staff were caring and kind to people. If concerns were raised these were looked into by the registered manager.
- Staff built positive relationships with people and reassured people if they became anxious or upset. Gentle appropriate touch, reassurance or diversion was used to help calm people.
- Care and support was delivered in a non-discriminatory way. People were supported to follow their faith and live their lives the way they wished.
- Staff spoke with people about their family and friends. Staff enjoyed supporting people living there. A member of staff told us "The residents are lovely, I love my job."
- Staff worked as a team to provide continuity of care for people. One person told us, "The staff care for you. They help if you are struggling and always ask if you are alright."

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

- Staff encouraged people to make decisions about their care and support and provided assistance and encouragement, where required.
- Advocates were available to help people raise their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Personal care was delivered to people in their bedrooms or bathrooms behind closed doors.
- People's care preferences were considered. For example, regarding the gender of staff who supported them.
- People told us staff addressed them by their preferred name. Staff ensured people dressed according to their wishes and preferences.
- Care records contained information about the tasks people could undertake for themselves and the support they required from staff to remain as independent as possible.
- The service had dignity champions in place to ensure people were treated with respect.
- People's care records were stored securely to maintain confidentiality.

# 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 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's needs and information on how best to meet their preferences were identified, met and reviewed.
- An assessment of people's needs was undertaken; this information was used to develop person-centred care plans for staff to follow.
- People confirmed they made choices about their care and staff respected their wishes.
- Health care professionals supported staff to monitor people's wellbeing, as necessary.

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.

- Information about people's communication needs was recorded and known by staff. Staff gave people time to ask questions and respond. If necessary, they re-phrased what they had said to make it easier for people to understand.
- Information was provided to people in a format that met their needs. For example, large print for people with visual impairment.

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

- Staff had a good understanding of people's hobbies and interests; this enabled them to engage with people effectively. A 'Knit and Natter' and gardening club was provided along with baking sessions.
- People were supported to maintain contact with their family and friends which had a positive impact on their wellbeing. Visitors could arrange to stay for a meal. Visiting was allowed any time and pets were welcome.
- People requested better access to the community. This had been acted upon by the management team by providing a bus for two weeks over the year for outings, for example to Hull Fair and outings to local pubs. Entertainers also visited the service, this included a school choir.
- Social isolation was prevented. A 'Best Buddy' system was in place to encourage and support people who found it difficult to mix with people or come out of their rooms. For example, with support one person had decorated the Christmas tree.

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was provided to people, so they knew how to raise issues. One

person told us, "I know how to complaint, and yes I would complain."

- Complaints received were investigated and the outcome was shared with the complainant and staff to increase learning and improve the service.

#### End of life care and support

- People's wishes and preferences regarding the end of their life were discussed and recorded. Care plans documented people's preferences which included spiritual and cultural information.
- Staff were supported by relevant health care professionals to make sure people had a pain-free, dignified death.
- Staff were trained in end of life care, so they could support all parties at this time.
- Relatives were supported by staff, this included providing a room for their use and they were presented with 'Lasting Memories,' photographs of their loved ones to provide comfort.

# 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 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.

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 management team dealt with issues or concerns with openness and transparency. Apologies were provided to people when things went wrong. Learning from these incidents took place to enhance the providers practice.

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

- The management team understood their legal responsibilities to ensure regulations were met. Relevant information was submitted to the Care Quality Commission (CQC) as required by law.
- Staff understand their role and were supported by the management team. One member of staff told us "I can go to the manager with anything."
- Regular checks and audits were undertaken by the management team to monitor the service provided. Issues found were acted upon.
- The provider celebrated staff achievements through 'Gem Awards.' A recognition scheme for staff supporting people and promoting excellence at the service.

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

- The provider's ethos was to provide a quality service to people and promote their independent living skills where possible.
- Person-centred care and support was provided to people and staff ensured people's needs were met.
- Surveys were sent to people to gain their views. Feedback received was acted upon.
- People we spoke with were positive about the service. One told us, "If I want anything I go and ask, and it is dealt with."
- A positive culture was promoted. Daily meetings were held with key staff to assess how the service was being provided and take any corrective action if issues had arose.
- People told us they felt at home.

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

- The views of staff were sought and considered. Regular staff meetings and 'Over to you' staff surveys were

completed to allow staff to raise their views.

- People living at the service and their relatives provided feedback to the management team on a one to one basis or through resident and relatives meetings.
- People's views were gained. Surveys were sent to people living at the service, feedback received was acted on.
- The diversity of people using the service and staff was celebrated and protected by all parties.

Continuous learning and improving care

- Staff champions in areas such as for dignity and end of life care were in place to develop excellence in these areas.
- Staff worked in partnership with people's care professionals to make sure people's needs were met.
- The management team reviewed the staff 's performance any concerns found were addressed and staff were supported to improve.

Working in partnership with others

- The registered manager and staff liaised with the local authority and with relevant care professional to maintain people's wellbeing.
- The registered manager and staff continued to develop their links within the community.
- Charity events occurred to raise the providers profile and support different causes. For example, a charity bike ride from the most Northern to the most Southern home in the providers portfolio had taken place. Charity packages called 'Bundles of joy' had been given to disadvantaged families in the local area.