

Sundial Lodge Limited

Sundial Lodge Care Home

Inspection report

Sundial Lodge
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16 October 2017

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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

Sundial Lodge is registered to provide accommodation and personal care for up to 48 older people. Accommodation is provided in flats which have their own bedroom, lounge and kitchen area. On the first day of the inspection there were 45 people living at the service. On the second day of the inspection there were 44 people living at the service as one person had been admitted to hospital in between the visits.

This inspection took place on 11 and 16 October 2017, both days were unannounced. The service was last inspected in April 2016 when it was rated as Requires Improvement. This was because we found people did not always receive person-centred care, the requirements of the Mental Capacity Act 2005 had not always been followed and risks to people's health and safety and medicines were not always well managed. We also found there were not always sufficient staff to meet people's needs. Following the inspection the provider sent us an action plan telling us how they would make improvements. At this inspection in October 2017 we found the improvements had been made.

A registered manager was 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.

Staff received training that helped them meet people's needs. Training included equality and diversity, food safety, health and safety, moving and transferring and first aid. Where people had specific needs specialist training was arranged such as pressure area care, death and dying and caring for people living with dementia. Staff received regular supervision and appraisals to ensure they remained competent to do their job.

People's needs were met in a safe and timely way as there were enough staff available. People and staff told us they thought there were enough staff on duty. One person told us if they pressed their call bell staff came quickly "No doubt about that." People also told us staff had time to chat with them.

The service used a computerised care planning system and staff used hand held devices to obtain and input information about people's needs. People's care plans contained details of how their needs were to be met. Staff had good knowledge of the people they supported and delivered care in a respectful and caring manner and all personal care was provided in private. Staff ensured people received care and support that was responsive to their needs. Staff knew people well and were able to describe their preferences. For example, one staff member described how one person liked an alcoholic drink twice a day. Staff told us that many people were independent and their job was to support them to maintain their independence, but be available if needed.

People praised the staff for their attention and comments included "Staff always do whatever you ask them to do", "Staff are all very pleasant, willing and friendly. Never make you feel you are a problem", and "Staff

are awfully nice, they are very kind to me."

People could be involved in making decisions about their care if they chose. People told us staff regularly discussed their care with them, to ensure their needs continued to be met. One staff member told us whenever they made recordings on their hand held devices they showed them to the person so they could see what had been written about them. Visitors told us they were kept well informed about their relatives care and one told us this gave them "Peace of mind." Visitors told us they were made welcome at any time.

There was a regular programme of activities available for people to participate in. Activities on offer included trips out, exercises and games as well as visiting entertainers. People's spiritual needs were met. People were supported to visit church each Sunday and monthly communion was held at the service

People were supported to maintain a healthy balanced diet. There were choices for each meal and people told us the food was good. People were supported to receive any health care services they may need. There were safe systems in place to manage people's medicines. Medicines were stored securely and administered as prescribed to maintain good health.

People were protected from the risks of abuse as staff knew how to recognise and report abuse. Thorough recruitment procedures ensured the risks of employing unsuitable staff were minimised. A senior member of staff told us they felt the registered manager was good at employing the right staff with the right attitude.

Staff ensured people's human rights were protected as they had a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager was very open and approachable. Staff told us they felt well supported to do a good job. There were systems in place to assess, monitor, and improve the quality and safety of care. A series of audits and checks were undertaken to maintain the quality of care being provided. In order to gather the views of people about the quality of care being provided, questionnaires had been sent out to people, visitors and visiting professionals in February 2017. The results had been collated and made available to people. Comments in the questionnaires had all been positive.

Records were well maintained. They were accurate and complete and recorded the care provided. All records we asked for were kept securely but easily accessible.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

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.

People's needs were met in a safe and timely way as there were enough staff available.

There were safe systems in place to manage people's medicines.

People were protected from the risks of abuse as staff knew how to recognise and report abuse.

Thorough recruitment procedures ensured the risks of employing unsuitable staff were minimised.

Is the service effective?

Good ●

The service was effective.

Staff received training that helped them meet people's needs.

People were supported to maintain a healthy balanced diet and contact health care services when needed.

People were asked for their consent before staff provided personal care.

People's human rights were protected by staff who had a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

Staff had good knowledge of the people they supported and delivered care in a respectful and caring manner.

Staff ensured people's privacy and dignity was respected.
People could be involved in making decisions about their care if they chose.

Visitors were always made welcome at any time.

Is the service responsive?

Good ●

The service was responsive.

Staff ensured people received care and support that was responsive to their needs.

People's care plans contained details of how their needs were to be met.

People were confident that if they raised concerns they would be dealt with.

There was a regular programme of activities available for people to participate in.

Is the service well-led?

Good ●

The service was well led.

The registered manager was very open and approachable.

Records were well maintained.

There were effective quality assurance systems in place to monitor the quality of care provided at the service.

Sundial Lodge 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 checked whether the provider was 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 and 16 October 2017 and both days were unannounced.

The inspection was carried out by one social care inspector. The registered manager was available for both days of the inspection.

Before the inspection we gathered and reviewed information we hold about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider. We also contacted the local authority who had commissioned some placements for people living at the home. Prior to 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.

During the inspection we met, spoke with and spent time with 20 people using the service. We spoke with four visitors, four care staff, the cook, the provider and the registered manager. We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included four people's care records, the provider's quality assurance system, accident and incident reports, three staff records, records relating to medicine administration and staffing rotas.

Following the inspection we contacted healthcare professionals and received replies from four GPs.

Is the service safe?

Our findings

People living in Sundial Lodge had few physical care needs and no-one needed the help of two staff.

People were protected from the risks of abuse. Everyone we spoke with told us they felt safe living at the service. One person said "There's no reason not to feel safe." A relative told us "I feel she is safe here, she wasn't at home." People smiled when staff approached them and there was much laughter and chatter between them indicating they felt safe in staff's company. Staff had a good knowledge of different types of abuse and had received training in keeping people safe. They told us how they would recognise abuse, and what they would do if they suspected abuse was occurring within the service.

Safe staff recruitment procedures were in place. This ensured, as far as possible, that only suitable staff were employed at the home. We looked at three staff files. All contained the required pre-employment documentation including disclosure and barring (police) checks, photo identity and references. They also contained an application form with a full work history.

Risks to people's health, safety and well-being had been assessed and plans were in place to help minimise the risks. There was a computerised care planning system in place. Care staff carried hand held devices that highlighted any risks to people. Risk assessments contained good details on how risks were managed. Moving and transferring, nutrition and pressure area assessments were in place and were reviewed as necessary. For example, one person had been very underweight on admission. A dietician had been consulted and food supplements had been prescribed. The person was being weighed weekly and was steadily gaining weight.

There were sufficient numbers of staff to ensure people's needs were met safely. On the first day of the inspection there were 45 people living at the service. On the second day of the inspection there were 44 people living at the service as one person had been admitted to hospital in between the visits. Staff and people told us that they felt there were enough staff available to meet their needs. One person told us if they pressed their call bell staff came quickly "No doubt about that." People also told us staff had time to chat with them. Staff rotas showed there were four staff on duty during the day as well as the registered manager and ancillary staff such as kitchen staff, domestics a driver and maintenance people. During the night there were two care staff on duty. Staff told us these were the usual staffing numbers.

Medicines were stored securely in a locked cupboard and only staff who had received training in administering medicines did so. Records were kept for medicines received and disposed of and regular audits were made. Records confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. Some people managed their own medicines. Risk assessments had been completed to ensure they were safe to do so. There were clear directions for staff relating to the administration of medicines where there were particular prescribing instructions. For example, when medicines needed to be administered at specific times. When people had been prescribed medicines to be taken when required (PRN) such as painkillers, we saw that people were offered these medicines as prescribed. Where people had been prescribed topical creams, we saw that good records were maintained

to show when and where these creams had been applied. The temperature of the fridge used to store medicines was checked daily.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the service. There was information available for staff on how to safely evacuate people from the building should the need arise, such as in a fire.

Accidents and incidents were analysed to identify any trends. Where issues were identified action was taken to minimise the risk of reoccurrence. For example, where people had more than one fall checks were made to ensure there was no medical reason for the falls, advice was sought from the local falls team and their care plans updated if required.

Arrangements were in place to minimise the risk of cross infection. Throughout the inspection we saw staff wearing disposable gloves and aprons when required. We saw staff changed gloves and aprons when providing personal care to different people and when dealing with food. The environment was inspected regularly to ensure it remained clean and odour free.

There was a business continuity plan in place to ensure the service could continue to run in the event of a major emergency. Equipment was well maintained and serviced regularly to ensure it remained safe to use.

Is the service effective?

Our findings

Records showed and staff told us staff had received training to ensure they kept up to date with good practice and were able to continue to meet people's needs. There was a comprehensive staff training programme in place and a matrix indicated when updates were needed. Where people had specific needs specialist training was arranged such as pressure area care, death and dying and caring for people living with dementia. Other training included equality and diversity, food safety, health and safety, moving and transferring and first aid. Staff were also able to request individual training, for example, stress management. Most training was provided via an e-learning package that staff could access at any time. Staff told us they had received a full induction when they had first started to work at the service.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff records showed they received regular supervision and yearly appraisals. Staff received individual supervision sessions when they were able to discuss all aspects of their role and professional development. The registered manager told us if there were concerns about a staff member's performance an extra supervision sessions would be held to ensure they were competent to do their job.

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 had received training on the MCA, they knew that everyone should be assumed to have capacity unless assessed otherwise. They told us and people confirmed they were supported to make decisions about their care and how they wished to be supported.

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager had made applications to the local authority to deprive ten people of their liberty in order to keep them safe. Due to the large number of applications being processed by the local authority only three applications had been authorised at the time of the inspection. The authorisation for one person stated that they were unable to leave the service unaccompanied and staff were aware of this restriction.

People living at Sundial Lodge were able to make day to day decisions for themselves, but may not have the capacity to make more complex decisions about their health and welfare. People's files contained assessments of their capacity to consent to care where this was in doubt. If it was established the person did not have capacity, best interest decisions were undertaken and recorded. For example, one person had been assessed as unable to make a decision about receiving personal care. A decision had been made involving relevant people and had concluded it was in the person's best interests to receive personal care from staff at the service.

People were supported to have enough to eat and drink in order to maintain good health. Everyone living at the service had their nutritional needs assessed and meals were provided in accordance with people's needs and wishes. There was a choice at each meal and people told us the food was always good. One person told us "The food must be good – I've put on weight since I've been here." The cook told us they received a menu choice from each person each week, but there was always an alternative available if people changed their mind. There was information on people's care plans and in the kitchen about people's preferences and if there were any special dietary requirements. Since the last inspection a dining room has been made available. We saw people enjoying their lunch in the dining room. People told us they felt it was a good addition to the facilities as they could eat their meal in a sociable environment. Some people still chose to eat all their meals in their apartments.

People had access to healthcare services when needed. People told us they received visits from the GP, dentist and opticians when they requested them. Some people contacted the GP themselves. One person told us they had recently contacted their GP, but had ensured staff were aware of this and any advice given by the GP. We saw the results of a recent survey sent out to visiting professionals. All confirmed they were called appropriately and staff followed any advice given. Following the inspection we received comments from four GPs, all said they had no concerns over the service and included "No issues of concern from my visits there. Staff seem very kind and patient and seem to know their residents well" and "one of the nicest homes to visit, staff seem caring, always very clean."

The service was well maintained, decorated and furnished to a high standard. The lounge area had recently been redecorated with new carpet and curtains. People told us they had been consulted about the changes. Accommodation for people was provided in apartments which had a lounge, bedroom, kitchen area and en-suite. Everyone told us how much they valued having such facilities. Each apartment was personalised with people having brought in items of furniture, photographs and ornaments from their previous homes. There were large level gardens surrounding the service which were well tended. People told us how much they enjoyed walking in the garden or just sitting out there when the weather was fine.

Is the service caring?

Our findings

Interactions we saw between staff and people were very caring. Staff showed patience and encouragement when supporting people to move around the service or taking their medicines. Staff spent time chatting with people and there was much laughter around the service. One person told us "Staff are awfully nice, they are very kind to me." Another person said "Staff are all very pleasant, willing and friendly. Never make you feel you are a problem."

Staff spoke positively about the people they cared for and told us how they enjoyed working at the service. One staff member told us "If I can make a difference to someone's day, I'm happy."

People told us staff always respected their privacy and dignity. We saw staff treated people with dignity, respect and kindness. For example, staff addressed people with their preferred name and spoke with respect. All personal care was provided in private. Staff knocked on bedroom doors and waited for a response before entering. When staff discussed people's care needs with us they did so in a respectful and compassionate way, checking first that it was appropriate to use people's names. In conversations between staff we heard them using respectful language to describe people and the support they received.

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. Other people enjoyed spending time with others and divided their time between their own apartment and the lounge or dining room.

Some people's care plans contained details of their involvement in completing them. People told us staff regularly discussed their care with them, asking if they were happy with the care they received. One staff member told us whenever they made recordings on their hand held devices they showed them to the person so they could see what had been written about them. Visitors told us they were kept well informed about their relatives care and one told us this gave them "Peace of mind." The registered manager told us there was a facility on the care planning system that would allow relatives to look at their relation's care plan. They would be able to see how risks were managed and day to day recordings to see their relative's needs were being met.

Visitors told us they were always made welcome and one said "It's lovely to be able to visit at any time and make a cup of tea."

No one at the service was receiving end of life care. Treatment escalation plans or TEPS were available in most people's care files. These included information on decisions made between the person or significant others and their GP about their wishes in case of a sudden deterioration in their health. People's care plans contained details of how they wished to be cared for at the end of their life. Staff had received training in caring for people at the end of their life. Staff from the local hospice had provided advice about how to care for one person who had recently died.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. The registered manager carried out an initial assessment of each person's needs to help ensure the service was able to meet their needs and expectations. This information was then used to develop a care plan to provide staff with the information they needed to ensure people's needs were met. The service used a computerised care planning system. Details of people's needs and wishes were input into the system and a care plan generated from the information. Staff used hand held devices to look at the information and see how people wished their needs to be met. Major risks to people such as falls or nutrition needs were highlighted on the first screen when each person's plan was displayed on the device. When an incident, such as a fall occurred, staff were able to highlight this on the system to ensure the information was passed to other staff during handovers. We saw staff using the system to record the care they had provided. They told us the system was easy to use and they could quickly find the information they needed. People's care plans were comprehensive, individualised and reviewed regularly. Care plans contained details of people's preferences, such as what they liked to eat and how they spent their day. For example, one person's plan stated they did not like to socialise and did not like vegetables or salads.

Staff knew people well and were able to describe individual preferences. One person told us staff always asked how they like things done, even though they knew what help they needed. Another person told us "Staff always do whatever you ask them to do." One staff member described how one person liked an alcoholic drink twice a day. Another staff member told us one person enjoyed sitting in the lounge chatting to other people. We saw this person chatting to others on both days of the inspection. They told us this was how they liked to spend their day.

The majority of people living at the service were independent and required little help with their personal care. Many people also preferred to spend their day in their room and did not socialise in the lounge or dining room. However, people told us it was their choice to do as they wished and some enjoyed eating their lunch with others and joining in with the activities on offer. There was a regular programme of activities on offer. A list of the monthly events was displayed in the hallway. Activities on offer included puzzles and word games, chair exercises, bingo and visiting entertainers. Regular outings were also organised in the service's two vehicles.

People's spiritual needs were met. People were supported to attend church each Sunday and monthly religious services were held within the service.

People's care plans contained some details of their life histories. Personal life histories capture the life story and memories of each person and are important to help staff deliver care responsive to their needs. They enable the person to talk about their past and give staff an improved understanding of the person they are caring for. Some people's care plans contained more details than others. For example, one person's details had been completed by a relative and gave information on their early and married life. The information for some people was less detailed, this was because staff were unable to obtain the information. For example, one person had no living relatives and they were living with dementia. Staff were finding out the person's

likes and dislikes, by offering choices and noting preferences.

The service was responsive to people's needs and wishes. One person had been identified as hard of hearing, aids had been obtained and the person was able to communicate more effectively with staff. One person told us they liked to eat their main meal in the evening and staff had arranged this. Some people told us they enjoyed gardening. The service had made changes to the garden area and had purchased raised plant troughs so people who wished to could tend the plants. People told us they enjoyed the variety of activities and outings on offer. One person told us "I enjoy life. To live communally is lovely."

One visitor told us they were very pleased with the way staff had responded to the fact their relative was beginning to isolate themselves in their room. They told us staff had alerted them to their concerns and had discussed ways to help minimise this. Staff felt that moving to a ground floor room would encourage the person to use the lounge and dining room more. Everyone had agreed that the move would be helpful and the person was soon to move to their new room.

Monthly meetings were held for people to express their views about the service. We saw minutes for the meetings held in September and October 2017. People had discussed the menu and future events. There had been much discussion about the bread and butter pudding with people having different opinions on what fruit the pudding should contain. The cook was trying different recipes to try to please everyone. People were asked if they would like a Christmas panto to be held in the service. They had all agreed they would and one had been arranged. Following the meetings the registered manager distributed minutes which identified the action they had taken. People were also able to complete a yearly questionnaire. The survey in February 2017 was completed by 26 people and 58% of those who returned the survey rated staff excellent to the question of how well staff respected them. Following the survey the registered manager compiled an action plan to address any issues raised. For example, two people had said they found the bathroom to be cold. Staff had been reminded to close the bathroom window to ensure it remained warm. We noted on the day of inspection the bathroom was not cold.

The registered manager took note of, and investigated any concerns raised. The complaints procedure was displayed in the hallway. There was a policy in place that gave people details of how to make a complaint and who to contact should they not be happy with the response they received from the service. Two complaints had been received in the last 12 months. One had only recently been received and the registered manager was investigating this. The other had been dealt with appropriately to the satisfaction of the complainant. People and their visitors told us they knew how to make a complaint, but had never had to. One person told us "Can't think of any reason I would have to complain."

Is the service well-led?

Our findings

Sundial Lodge is a service that has enjoyed a good reputation. However, at the inspection in April 2016 we rated the service as Requires Improvement. This was because we found people did not always receive person-centred care, the requirements of the Mental Capacity Act 2005 had not always been followed and risks to people's health and safety and medicines were not always well managed. We also found there were not always sufficient staff to meet people's needs. Following the inspection the provider sent us an action plan telling us how they would make improvements. At this inspection in October 2017 we found the improvements had been made.

A registered manager was employed by the service and were supported in their role by two deputy managers. The provider was also at the service on a daily basis. The registered manager was well known by people living at the service and spent time individually with people. People told us they were always available to speak with them. People also knew the provider well and we saw people in discussions with them. Both the provider and the registered manager knew the care needs of people and spoke about each of them with affection.

In the Provider Information Return (PIR) the provider wrote "There is an open door attitude which allows residents, relatives and staff to discuss any concerns that they may have." This was echoed by everyone with spoke with. All staff had received training in relation to the Equality Act and human rights over the last 12 months. The registered manager told us they would welcome anyone into the service whatever their nationality or sexual orientation providing their needs could be met.

Staff told us they felt well supported by the registered manager and provider. One staff said "[Registered manager] is very easy to talk to." They went on to say that this was the first job they had felt settled in. Staff told us they enjoyed working at the service and described the service as "Lovely home, residents are all really happy – we have a laugh with them," and "It's a caring homely home." Staff confirmed they received regular supervisions and appraisals, but could raise any concerns at any time.

There were systems in place to assess, monitor, and improve the quality and safety of care. These included audits of medicines, staff records and the environment. We saw a 'Business Management Quality Assurance' document that detailed items such as what policies and procedures needed to be in place. The document had last been reviewed in August 2017. Audits of the environment and infection control procedures were completed twice a year. However, the registered manager told us they dealt with issues as they arose and not wait for an audit to identify problems. For example, meetings with people had identified an issue with food that was addressed straight away. Each month the registered manager assessed people's needs to determine if the service continued to meet their needs. We saw that this had led to one person moving to another service when Sundial Lodge could no longer meet their high level of mobility needs.

In order to gather the views of people about the quality of care being provided, questionnaires had been sent out to people, visitors and visiting professionals in February 2017. The results had been collated and made available to people. Comments on the questionnaires had all been positive.

The service had signed up to the Department of Health's initiative, 'The Social Care Commitment. This is the adult social care sector's promise to provide people who need care and support with high quality services. It asks services to make 'promises' on topics such as having thorough induction training for new staff. It also asks that services ensure there is a strong culture that values dignity and respect and has effective communication throughout the service. The registered manager told us they were working with staff to ensure they understood the commitment.

Records were well maintained. They were accurate and complete and recorded the care provided. All records we asked for were kept securely but easily accessible.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.