

Crabtree Care Homes

Sunningdale EMI Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Sunningdale is a residential care home registered to provide personal care for up to 40 people. At the time of our inspection there were 38 people using the service, some of whom were living with dementia or had mental health needs.

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

Risks to people were managed and the service had safe staffing levels, with well trained staff. Overall, lessons were learned when things went wrong. The service had systems in place to safeguard people.

We made recommendations regarding documenting and reporting of accidents and incidents, and regarding documenting pain medication patches.

Medicines were managed safely however; we made a recommendation to the provider to review their documentation and records for rotation of pain patches. Risks to people were managed and the service had safe staffing levels, with trained staff.

The provider had robust governance systems in place to monitor and improve quality of care delivered. The provider gained feedback from people, relatives and staff and acted on suggestions. People, relatives and staff spoke positively about the registered manager and provider, and of the care they received.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection and update

The last rating for this service was requires improvement (published 5 October 2021), and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 10 August 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sunningdale EMI Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Sunningdale EMI Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors, and an Expert by Experience who made phone calls to relatives. 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 EMI is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Sunningdale EMI is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 28 February 2023 and ended on 8 March 2023. We visited the location's service on 28 February 2023.

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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 11 relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, registered manager, deputy manager, administrator, senior care workers, care worker, domestic staff and activity co-ordinator. We received email feedback from 2-night care staff workers.

We reviewed a range of records. This included 4 people's care records, multiple medication records and audits, and 3 staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Learning lessons when things go wrong

- We saw examples when accidents and incidents had been reported in detail, well recorded and investigated.
- The registered manager completed a detailed review and analysis of all reported accidents and incidents which showed actions taken to mitigate future risks and lessons learnt.
- However, the management team did not always have an accurate overview of what was happening at the service because staff were not always completing the electronic recording system correctly. This meant when the provider was analysing incidents in the service, they did not have full information about events that had occurred.

We recommend the provider review their process for documenting and reporting of accidents and incidents.

The provider responded immediately and rectified the reporting issue and confirmed they would retrain staff in this process.

Using medicines safely

At our last inspection the provider had failed to provide proper and safe management of medication. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medication as prescribed with no missed doses.
- Medication and creams were stored safely, with appropriate temperature checks in place, and being completed consistently.
- Trained staff had their medication competencies assessed. Some night staff had been trained in safe administration of medication to ensure there was always a staff member able to administer medication if required.
- Medication audits were in place, robust and captured minor shortfalls and areas for improvement. Where people were prescribed medication in the form of patches there was no document for staff to detail where the last patch had been applied. Therefore, it was difficult to monitor and rotate the patches in line with the manufacturers' and prescribers' instructions. We found no evidence people had been harmed as a result of this.

We recommend the provider consider current guidance on the rotation and documentation of patches and take action to update their practice accordingly.

The provider responded following this feedback and implemented new guidance and documentation immediately.

Staffing and recruitment

At the last inspection we made a recommendation to the provider that they use a dependency tool for determining safe staffing levels. At this inspection we found improvements had been made.

- A staffing dependency tool was in place and being used to calculate and maintain safe staffing levels in the service.
- We observed there were enough staff to meet people's needs safely on the day of inspection, with a high staff presence in communal areas.
- Staff, people and relatives told us there were enough staff to keep people safe.
- Staff spent time talking to people and responded when people asked for support. Staff knew people well and were friendly and caring in their approach.
- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- Staff received an induction, shadow shifts and regular training. The provider had appointed a member of care staff to complete the 'train the trainer' courses. They took on responsibility for monitoring staff training. A member of staff told us, "I have done my level 5 Diploma in health and social care. [The provider] pushed for me to do this so I could broaden my knowledge as I wanted to learn."

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from potential abuse and neglect. The provider reported safeguarding concerns to the local authority and investigations were carried out when needed.
- Staff had received safeguarding training, and both staff and the registered manager understood their responsibilities to safeguard people from abuse.
- Relatives and people told us they felt safe in the service. One person said, "Staff are lovely, they can't do enough for you. I need to use Zimmer to make sure I don't fall. I feel very safe." A relative said, "[My relative] is very safe. If ever I want anything, nothing is ever too much trouble."
- One person told us they did not feel safe, this was reported to the provider and they responded immediately and appropriately to the feedback.

Assessing risk, safety monitoring and management

- We saw at times people could become distressed. However, guidance on how staff should support each person to manage this was not comprehensive. The provider said they would review people's assessments and guidance associated with supporting people when they were expressing distress.
- We saw staff kept 1 person's cigarettes and issued them periodically. This person told us they would like a drink of alcohol, but staff said this was not permitted. However, the person's care records did not include any information about these restrictions. The provider took immediate action when we brought this to their attention, to review the person's care plan and update their assessments.
- Records showed risks to people were usually assessed, monitored and managed. For example, around nutrition and mobility. We saw 1 person had recently lost weight and the provider had taken action to keep the person safe. Each person had comprehensive information in their care records about any health conditions and how this may impact on their safety.
- The service had completed assessments and guidance, so staff understood how to keep people safe. For

example, care records had details of the equipment people used for safer mobility and we saw this guidance was followed.

- Regular safety checks took place to ensure the premises and equipment were safe.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting relatives and friends to visit people safely. We saw relatives and friends were welcomed and could spend time with their relative where they preferred. The appropriate safeguards were in place to protect people.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to assess, monitor and improve the quality of the service provided. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Management and leadership were effective in the service, and staff spoke positively about the registered manager and provider.
- The provider had effective quality assurance systems in place, with audits being completely consistently and identifying areas for improvement.
- Care plans were robust and contained detailed background information on people and their histories, with risk assessment in place where needed.
- The registered manager understood their legal requirements and was committed to improving the service.
- Sunningdale provided care to a wide age range of people with wide ranging needs. The provider said they were aware they needed to monitor this to ensure the service could meet people's needs and placements were appropriate. This was being done effectively and continually reviewed.

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; Continuous learning and improving care

- There was an open and honest culture at the service and the registered manager followed their duty of candour responsibilities when things had gone wrong.
- One relative told us, "There were 2 incidents. One incident involved another resident where my [relative] was injured. I was informed immediately. The other incident involved a member of staff who man-handled my [relative], and another staff reported them immediately. They were dismissed, the manager handled it all very well."
- The provider had a strong focus on continuous learning at all levels of the organisation and demonstrated this during inspection. For example, they took immediate steps to make sure the processes for reporting and recording incidents, and patch rotation, were more robust.

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

- We observed kind, caring interactions from staff with people. Staff knew people well and treat them with dignity and respect.
- Staff morale was high, and staff felt supported by the registered manager and provider. One staff member told us, "[Name of provider] is a great guy, managers are good. I had personal problems and they were so supportive."
- People and relatives felt they were able to approach staff and the registered manager. One person told us, "It's a nice place to live, staff are all kind. I am always busy doing the thing I like to do, and staff are happy to help me."

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

- The provider continued to seek feedback from people and relatives through the use of surveys and meetings. We saw action was taken in response to feedback people and relatives gave on ways to improve the service.
- Staff meetings were held to discuss performance related issues and improvements the service needed to make. These were well documented and were an opportunity for staff to share good practice.
- The service had a suggestion box which staff were also able to use, alongside people and relatives, if they did not want to speak up during meetings. This was reviewed regularly for suggestions.
- People and relatives gave positive feedback with one relative saying, "We get questionnaires to fill in on likes and dislikes. We think the staff are very approachable and very caring."

Working in partnership with others

- The registered manager worked in partnership with many external professionals, such as GP's, district nurses, mental health teams, speech and language therapists and chiropodists.
- We saw evidence of professional input and partnership working captured in people's care plans.