# Four Seasons 2000 Limited

# Sunbridge

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Requires Improvement |
| 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

This inspection took place on 4 January 2017 and was unannounced. When we last visited the home on 18 March 2016 we found the service was not meeting all the regulations we looked at. We found that risk assessments were not comprehensive and did not show how the risks to people addressed. The provider had also not notified us regarding the outcomes of Deprivation of Liberty Safeguards (DoLS) applications. Following the inspection the provider sent us an action plan telling us how they would address this.

Sunbridge is a service for older people who require assistance with personal care. Sunbridge is registered to provide accommodation to a maximum of 43 people some of who may have dementia. There were 41 people using the service on the day of our inspection.

The home had a registered manager. 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.

People and staff told us that there had recently been times when there were not enough staff available to meet people's needs as staff shortages had not been covered. We saw that staff were not always available to meet people's needs and were rushed when assisting people at lunch time. The staff rota showed that there had been occasions when there had been shortages of staff.

Systems were in place to ensure that people received their medicines safely, and as prescribed. However, we identified areas where the provider needed to make improvements to the recording of the administration of creams and how regularly controlled drugs were monitored.

People were confident that their concerns would be addressed as the provider had procedures for detecting and protecting people against the risks of abuse. People told the felt safe and they knew how to raise concerns about their care. Staff understood what abuse was and how they should respond to an allegation of abuse.

Risk assessments identified the risks to people associated with receiving care and appropriate actions had been identified to mitigate these risks. Staff had the training and support they needed to meet people's needs.

People were supported to engage in activities met their needs. Activities had been developed to support people living with dementia.

People were treated with dignity and respect. People and relatives told us that were kind and responded to their needs. People were able to spend time alone if they choose to, as staff respected their privacy.

Care plans were person centred and care was delivered so that people's preferences and needs were met. Care plans included life histories and information about people's interests. People were supported to practice their culture and religious beliefs.

People and relatives told us they knew how to make a complaint and were confident that the provider would respond appropriately to any concerns they raised. Complaints had been investigated and where necessary action had been taken to so that the issues in complaints had been addressed.

People told us that staff always sought their consent before providing care. Where people were not able to consent to their care and treatment the provider had carried out best interest assessments and when necessary applied for a DoLS. Staff could explain when best interest decisions were needed. Staff had training and understood the process for applying for DoLS.

People, relatives and staff told us that the registered manager was approachable. The provider had sought the views of people who used the service and their relatives and action had been taken to respond to any suggestions they had made. The registered manager carried out regular audits of the service. Action taken to address issues highlighted in these audits to make sure that quality of care was maintained.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe. People and staff told us there had recently been days when there had not been sufficient staff. Staff were not always available to meet people's needs and were rushed when assisting people at lunch time. The staff rota showed that there had been occasions when there had been shortages of staff.

People received their medicines safely and as prescribed. However, we identified areas where the provider needed to make improvements to the recording of the administration of creams and how regularly controlled drugs were monitored.

The risks to people who used the service were identified and managed appropriately.

Procedures were in place to protect people from abuse.

### Is the service effective?

**Good**

The service was effective. People were care for by staff who had the necessary skills and knowledge to meet their needs.

Action had been taken to comply with the Mental Capacity Act 2005 (MCA) as MCA and best interest assessments had been carried out.

People had a choice of meals that met their nutritional requirements.

People had access and were referred to a range of health care professionals to meet their needs.

### Is the service caring?

**Good**

The service was caring. People were supported by staff who understood their individual needs.

People were actively involved in decisions about how their care needs were meet.

People's privacy and dignity was respected and promoted.

## Is the service responsive?

Good

The service was responsive. People received care that responded to individual needs.

People were supported to engage in activities.

People and relatives knew how to raise concerns and complaints. People and relatives had access to the provider's complaint policy and they were confident that their concerns would be addressed.

## Is the service well-led?

Good

The service was well-led. The provider had told us about significant events that had happened in the service as they had submitted statutory notifications to the Care Quality Commission. The provider had shared the outcome of the last inspection with people, relatives and professionals.

People, relatives and staff told us that the registered manager was approachable.

The provider had systems in place to monitor the quality of the service provided to people.

# Sunbridge

**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 4 January 2017 and was unannounced.

The inspection was carried out by one inspector, a pharmacist inspector, and two 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.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local authority safeguarding team and Enfield Healthwatch.

During the visit, we spoke with 16 people who used the service, four visitors, five care staff, the activities coordinator, the chef, the area manager and the registered manager. We spent time observing care and support in communal areas.

We also looked at a sample of seven care records of people who used the service, 36 medicine administration records, five staff records and records related to the management of the service.

Requires Improvement

# Is the service safe?

## Our findings

People who used the service told us they felt safe in the home and with the staff who supported them. One person said, "It is safe here, the staff are wonderful." Another person told us, "If I felt there was anything wrong, I know I can tell the manager."

At our inspection in March 2016 we found that risk assessments were not comprehensive and did not show how the risks to people use the service were addressed. Following the inspection the provider sent us an action plan detailing how they would make improvements by introducing more detailed risk assessments. At this inspection we found that people had detailed risk assessments for all their needs that were identified in their care plans.

Risk assessments highlighted how risks could be mitigated. Where the risk assessment identified that specific action should be taken to mitigate risks this had been followed up with the relevant professionals. For example, where medicines were identified as increasing a person risk of falls, a referral had been made to the person's GP for a medicines review. Risks to people were assessed so that they were protected and their safety was maintained.

Four people we spoke to told us that staffing was not always consistent and this meant that they had to wait for support. One person told us, "There have been days when there has not been enough staff, this has happened a lot lately." Another person said, "They are busy most of the time but I see them move as quick as they can to help people, sometimes it is crazy and they could do with more hands." People told us that they had to wait for their call bells to be answered. On the day of the inspection we found that call bells were are being answered promptly. The registered manager told us that they did not have a system for monitoring how long people had to wait before a call bells was answered. They explained that, if a call bell had been ringing for a minute the sound that made would become louder to alert staff that the person had not been seen. The registered manager explained that if this happened staff had been told that they should respond to the call bell even if they were working on a different floor.

On the day of the inspection there were two care staff on each floor supported by a senior carer and the deputy manager. However, we observed that staff were not always available to meet people's needs, as we saw that on the first floor staff did appeared rushed at times, particularly when supporting people at lunch time.

Prior to the inspection we received two whistleblowing concerns about the staffing levels in the service. It was alleged that the staffing levels were not being maintained consistently and on two days only one carer was available for each of the three floors. There would usually be two carers on each floor with a senior care worker. The staff rotas showed, that over the previous four weeks, been two days when there where there had only been one carer to cover each floor. The registered manager confirmed that the home was not fully staffed on those two days due to sudden staff sickness on those days. The registered manager told us that they had a bank of care staff that can cover and had contacted agencies to see if they could cover.

The registered manager told us that the staffing needs for the service were based on a needs assessment that was used to calculate the required staffing levels. We looked at this staffing assessment tool and the registered manager explained that while it indicated that the home should have 16.5 hours on each floor they were in fact maintaining 22 hours per floor as they had the one senior carer who worked between or floors and two activities coordinators.

The registered manager had recognised that more staff needed to be available to fill rotas and was actively recruiting for new care staff. Three new staff had been recruited. They explained that they were waiting on pre-employment checks for four staff who would then start working. The registered manager had also increased the number of bank staff available. The registered manager told us that they would continue to monitor staffing levels and make adjustments when needed to meet people's needs.

Safe recruitment procedures were in place that helped to ensure staff were suitable to work with people as they had undergone the required checks before starting to work at the service. Staff records contained criminal records checks, two references and confirmation of the staff member's identity. Staff eligibility to work in the UK had been checked. Staff told us, and records confirmed, that there had been a thorough recruitment process involving interviews and referencing.

Staff understood the provider's policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to both within the service and to authorities such as the local safeguarding team and the Care Quality Commission. Staff we spoke with could clearly explain how they would recognise and report abuse. They told us and records confirmed that they received regular safeguarding adults training as well as equality and diversity training. Information about who should be contacted regarding safeguarding concerns was available around the service. Professionals involved with the service told us that staff responded appropriately to any concerns they raised. This showed that appropriate arrangements were in place to protect people from the risk of abuse.

Medicines were stored securely and appropriately. Room and fridge temperatures were monitored to ensure the medicines were safe to use. Controlled drugs (CDs) which are medicines requiring a higher level of security, were stored and recorded in accordance with legislation. We noted one CD which was brought in by a new admission had not been locked in the correct cupboard. However, this was rectified during the inspection. All CD medicines were recorded correctly in the CD medicines records. Two stock checks of CD medicines had been carried out in the last month. There were two weeks where no checks had been carried out. We identified, and the registered manager recognised, that that there was no structured programme to check CD medicines on a regular basis. Medicines were supplied by a local pharmacy and we noted one occasion when antibiotics were needed urgently, that staff had ensured they were available quickly.

People received their medicines as prescribed. We saw that the Medication Administration Records (MAR) were clear and complete. Carers completed separate MARs when they supported people to apply creams and lotions. In some cases these were not fully completed. We saw that creams had been used and care records recorded when creams had been applied. The registered manager had identified this issue and had planned training for staff to reinforce the need for clear recording of the use of creams. Protocols were in place to support staff administering people medicines prescribed 'when required'. Additional information from the prescriber including dose changes were printed and kept with the MAR for easy reference.

A recent change to the process for blood tests had meant that some information regarding the doses of warfarin were not readily available. MAR's showed that these medicines were administered correctly. The registered manager explained that the community matron had taken the information, but had not given them copies. The information would be needed so that the registered manager could update the MAR. The

registered manager had contacted the community matron to request this information as the provider would need the information to comply with the National Patient Safety Agency alert for the use of anticoagulant medicines.

Some people chose to look after some of their own medicines which had been appropriately assessed. One person told us how they used to look after all their medicines but the staff now did some of them as 'it was better that way now I am not so well'. This showed that the safety of people managing their own medicines was reviewed appropriately. We saw that when people refused their medicines or their condition changed, they were referred to the GP promptly. The GP also reviewed people's medicines and worked with the staff to enable a reduction in sedating medicines where possible.

All carers who administered medicines had been trained to do so. They completed daily checks on the MAR and senior staff completed weekly audits which were reported to regional managers. We saw that audits identified issues and action was taken to address these issues. The supplying pharmacy also did an annual in-depth check of the service's medicines management.

Good

# Is the service effective?

## Our findings

People were supported by staff who had the necessary skills and understood how to meet their needs. People and relatives told us that staff understood how to meet their needs. One relative said, "They understand the people well and their visitors." One person told us, "Yes they write everything down and ask me how you are all the time."

Staff told us that they had completed an induction when they commenced work at the home and had access to regular training. Training records showed that staff had completed induction training in line with the care certificate. The care certificate is nationally recognised and provides staff with an introduction to care work. The majority of staff had completed a diploma in health and social care. Staff had also completed mandatory training in areas such as infection control, manual handling and first aid. The training matrix showed that training was up to date and refresher training was planned so that staff maintained their skills and knowledge.

The registered manager explained that they had started to introduce the dementia care framework into the service. This programme links training to prepares staff to focus on the experience of the person living with dementia in order to provide person centred care. Staff told us that this training had given them a clearer understanding of the experience of people living with dementia. We saw that staff were able to use their understanding of a person's life history to communicate with them and meet their needs.

Staff told us that they had regular supervision meetings with their manager. They told us this was useful as it helped them identify where they needed to develop their skills and supported them in doing their work. Supervision records were up to date and showed that staff were having supervision every two months in line with the provider's supervision policy. The registered manager explained, and records confirmed, that staff had an appraisal within the last year.

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. 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, hospitals and hospices are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People who used the service told us that staff sought their agreement to before providing care. One person said, "They let me choose what I would like to do for myself and they encourage me too. They sit and explain things with me and ask me if that's okay." A relative told us, "They are always asking if she is okay and keep an eye out when she wanders around. They watch them all but they do get to roam around on their own if they want to." We saw that staff asked people how they wished to be supported. Staff were able to explain

the principles of the MCA and DoLS. They understood how people living with dementia could need support in making decisions about their care. For example, they used objects (like photographs) that had significance for the person to aid communication.

Staff knew when it was necessary to make decisions in people's best interests. Care records contained best interest assessments and these were reflected in people's care plans. Care records contained DoLS applications and authorisations. Where people had a DoLS in place this had been reflected in their care plans and risk assessments. Staff were aware when a person had a DoLS and understood that it applied to particular situations, such as if a person wanted to leave the service without support. Staff had completed training on the MCA and DoLS. Staff understood when they needed to apply for DoLS authorisations so that these could be used to protect people's rights.

People were offered a choice of meals that met their nutritional needs. One person said, "They ask you if this is your choice and you said yes or no." Another person told us, "You get to choose and it's okay. You get plenty and if there is some left you can have some more." We saw that where people did not wish to eat what was on the menu they were offered an alternative. The chef came and spoke with a person who had not wanted what was on the menu to see if they could find something they would like to eat. The menu was updated regularly, and the chef explained that they were attending residents meetings to discuss the development of the spring menu with people.

Generally, people were supported to eat and told us that they could eat at their own pace. However, on the first floor we saw that where people were not sitting at the dining tables but eating their meal in the lounge area the side tables they had did not fit and were not easy for them to reach when they were trying to eat their meals. We discussed this with the registered manager told us they would see if that these tables could be adjusted to improve the dining experience for these people.

Where people needed support to eat and drink staff assisted them and took time to make sure they enjoyed their meals. One person had a blended diet and we saw that meal was presented with each item of food separate. People's dietary needs were recorded in their care plans and where they had a risk of reduced dietary intake a nutritional risk assessment had been completed and their daily food and fluid intake was monitored. People's care records showed that when necessary they had been referred to a dietician or a speech and language therapist if they were having problems swallowing.

People's healthcare needs were being met as staff worked with healthcare professionals. People told us that they could ask to see the GP when they needed to. One person told us, "They get the doctor to you if it's urgent or the senior nurse looks at you. I'm happy with this." A relative also confirmed that, "Yes they are very efficient and if medical advice is needed or given they tell me. They call me if a doctor has to be called in. They ask my opinion a lot too." Care records showed that healthcare professionals had been contacted and involved in the care of people who used the service. Where health professionals had recommended specific treatment, this had been incorporated into the people's care plans.

Good

# Is the service caring?

## Our findings

People and relatives told us that staff were kind and caring and treated them with respect. People's comments were, "They think about you and how you like to do things. They give you time alone if you like it which I do and you get your privacy. I like to sit and read or write and they check if you need anything. I know where they are if I need them" and "They listen to me. They stop what they are doing and look at me and ask if I'm doing okay. They sit down with you when they can for a chat. They say they will help with what I ask and they do it." One visitor told us, "They [the staff] always respect [my friend] and are very kind." We saw that staff treated people with respect and were caring.

People were supported by staff to express their preferences regarding their care. Care plans recorded people's personal life histories and what had been important to them. Care plans recorded people's likes and dislikes and preferences regarding their care. This included their preferences regarding food, what they like to do and any hobbies.

Staff used their understanding of people's interests and life stories to help them to communicate with and care for people who were living with dementia. Staff had involved people and their relatives in planning personalised care. We observed that pictures and other personal memorabilia were around the home to help people understand and be comfortable in their environment.

Staff understood how to support people to express their cultural and religious beliefs. People and relatives told us that they were supported by staff to practice their religion. One person said, "They respect me. I read the Bible and I get peaceful time to do this if they see I'm reading." One relative said, "They respect my relative and where they are from and his choices in music. They play his Caribbean music for him." People's cultural and religious beliefs were reflected in their care plans.

Information was available around the home regarding festivals and events that had been celebrated in the past months. These included the dates when they are the religious services at the home. One relative confirmed that, "There is a lot of respect and they do special song times and celebrations to make sure festivals are respected, for example, Mardi Gras, St Patrick's Day and Islam festivals."

People told us that staff respected their privacy. We saw that staff knocked on bedroom doors before entering people's bedrooms. People were supported by staff to maintain their privacy and right to have intimate relationships was respected.

Staff understood and promoted people's right to spend time privately. Staff understood the importance of supporting people who used the service to spend time together in their bedrooms if they chose to do this. There were sitting areas on each of the floors where people could spend time with each other or their friends and family. Visitors told us that they were able to visit when they wanted to.

Good

# Is the service responsive?

## Our findings

People told us that staff were responsive to their needs. People's comments were, "Yes I am happy they do help me" and "They read my notes and discuss how I feel daily, what I need and what I would like. At the moment I have lots of choices of how I would like to live each day in here."

Initial assessments of people's needs had been carried out before they came to live at the home. Initial assessments had been carried out by members of the management team to assess whether the service could meet their needs. These initial assessments had been used as the basis of developing detailed and personalised care plans. Care plans showed how people's needs should be met, giving details of the actions necessary to meet their needs. People's care was planned in response to their needs that made sure they received person centred care.

People had been involved in planning and reviewing their care. Care plans had been signed by people or their relatives to show that they had agreed and been involved in decisions about how their needs should be met. One person told us, "They discuss everything with me and tell me everything that is planned or happening. They plan things with me and discuss with me how things happen. I like that it feels like a chat and not a meeting. I don't have to worry about things." People's care records showed that their needs were being reviewed monthly or more regularly when needed. Where there had been changes in their needs these had been reflected in their care plans. For example, where people had a fall their care plan had been updated and assessment made of their mobility needs. This meant that care was delivered in a way that responded to people's changing needs.

Staff understood people's needs and were aware of changes to their care. Staff told us that they delivered care in a person centred way and understood this involved recognising that each person was different in the way they would wanted their needs to be met.

People told us that they generally participate in a range of activities that met their needs. One person told us, "I asked for a new table to do puzzles on and they bought one for me at my height for my wheelchair." There were two activity coordinators on duty at the time of the inspection. We saw that on two of the floors activities were being provided that engaged people and provided them with stimulation. However, on the first floor people in the lounge did not want to be engaged in the activity that was provided of catching a ball. One person said, "I love baking. Don't get to do baking." We saw that people were more engaged in the other activities that were offered on the day of inspection.

There was a weekly activity plan that set out morning and afternoon activities. These include for example, memory games, colour therapy, sensory activities and sing along to music. We spoke with one of the activity coordinators who explained that as the majority of people who used the service were living with dementia these activities had been designed to meet their needs. The activities coordinator told us that they had also begun to do reminiscence work and were developing memory boxes. These are boxes that contain items of special significance to the individual that can be used to aid communication with them. People were seen to be engaged in these activities.

People who spent time in their bedrooms told us that staff came and spent time with them to talk and do activities. One person said, "They are lovely and I like it when they have time for a chat in my room. It's nice that they come to visit and they let me bring lots of my things from home so they chat about that too." Staff understood the importance of spending time with people who might not be able or wish to come out of their bedrooms to the lounges. Where people preferred to spend time in their bedrooms, this was recorded in their care plans and there was a description of the kinds of activities that the person would like to do.

Staff responded to people where they wanted to engage in a new activity. We observed that one person wanted to feed the birds outside their bedroom window. Staff spoke with their relative and suggested that they could get a bird table put outside the person's bedroom window. The person and their relative agreed that this was a good idea.

Residents meetings were held monthly and were organised by people who used the service. Minutes of the meetings showed that issues that had been discussed concerned the planning of the menu and food, activities and plans for the future of the service. People told us that these meetings were useful and gave them a place to share their views of the service.

People and relatives knew how to make a complaint about the service and were confident that these would be addressed by the provider. One person said, "I would speak to the manager or I would ask what others here would do." Another person told us, "Yes. There are cards to fill in, numbers to call in reception." We saw that the complaints policy was available in the reception area and around the home. Complaints records showed that complaints had been investigated and the issues raised had been addressed.

Good

# Is the service well-led?

## Our findings

People and relatives told us that the registered manager was approachable and available when they needed to talk with them. One person said, "You can talk to the manager, when you want to and they listen."

At our inspection in March 2016 we found that the provider had not told us about significant events affecting people's care and support needs. In particular we had not received any notification is regarding the outcome of DoLS applications. Following the inspection the provider sent us an action plan detailing how they would make improvements by ensuring that they notified the Care Quality Commission (CQC) of the outcomes of any DoLS applications. At this inspection, we found that when the provider knew the outcome of a DoLS application they had completed the appropriate notification. Before the inspection, we looked at our records and found there had been 16 notifications of the outcomes of DoLS applications. At the inspection we checked the records of DoLS applications and found we had been notified of all that all the outcomes of DoLS applications. The registered manager showed us records of each DoLS application and the relevant notification to the Care Quality Commission.

Prior to the inspection, we had checked the provider's website and found that the rating from the last inspection in March 2016 was displayed. We saw that information about the last inspection and the rating were displayed around the home. People and relatives told us there had been made aware of the findings of the last inspection and what action the provider taken to address these.

Staff told us that there was an open and supportive culture in the service and that they worked well together as a team. Staff were able to discuss issues and problems regarding the care they provided with the registered manager. One member staff told us, "The manager is good and quite attentive to what is happening in the home." The registered manager and care staff understood their roles and responsibilities.

The provider had implemented a training programme, as part of their dementia care framework, to further develop a culture in the service that was focused on delivering person centred care to people. Staff told us that this had been positive and provided them with new ways of working which they found rewarding. Staff meetings were held monthly and were used by the registered manager to discuss good practice regarding the care of people who used the service.

The provider had put in place systems to make sure that the views of people and relatives about the quality of the service were used to plan and implement improvements in care. A survey of people and relatives had been carried out in the last year, and had covered all aspects of care provided by the service. An action plan had been put in place to respond to the suggestions made in this survey. The outcome of the survey had been communicated to people and their relatives.

People and relatives had access to a computerised system that allowed them to share their views of the service on a daily basis. This was monitored by the registered manager and the area manager to identify if there were any areas that needed improvement or issues that needed to be addressed. The registered manager explained that they prepared a weekly return on any issues in the home, such as accidents and

incidents, safeguarding and complaints. These were monitored by the area manager and used to highlight any trends or areas that may require immediate action to improve the quality of service.

The registered manager and provider carried out regular audits of the service provided at the home and these were used to plan and implement improvements to the service when necessary. These audits covered areas such as medicines, care planning and health and safety. Action was taken to address any issues highlighted in audits.