

Four Seasons 2000 Limited

Sunbridge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place over two days 18 March 2016 and 29 March 2016 and was unannounced. When we last visited the home on 10 July 2014 we found the service was not meeting all the regulations we looked at. We found that people were not always protected from the risk of unsafe administration of medicines and were not maintaining people's privacy, dignity and independence. The provider sent us an action plan telling us how they would address this.

Sunbridge is a service for older people who are in need of personal care. Sunbridge provides accommodation to a maximum of 43 people some of who may have dementia.

The home did not have a registered manager. However, an interim manager was in place and was present during our inspection. A new manager has been appointed and is in the process of registering with the Care Quality Commission as 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.

We found a number of breaches of regulations at this inspection. Risk prevention plans had not been developed to address the risks that had been identified to people's safety. The provider had not told us about some important changes to the care and support provided to people who used the service.

People were treated with dignity and respect. There was an accessible complaints policy which the interim manager followed when complaints were made to ensure they were investigated and responded to appropriately. People and their relatives felt confident to express any concerns, so these could be addressed.

People were kept safe from the risk of abuse. Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

There were systems in place to ensure that people consistently received their medicines safely, and as prescribed. Sufficient staff were available and they had the necessary training to meet people's needs. Staff responded to people's needs promptly.

Care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences. Staff understood people's preferences, likes and dislikes regarding their care and support needs.

People using the service, relatives and staff said the interim manager was approachable and supportive.

At this inspection there were breaches of regulations in relation to the need for safe care and treatment, and

notification of other incidents. You can see what action we told the provider to take at the back of the full version of the report.

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. The risks to people who used the service were not managed appropriately to ensure their safety.

Procedures were in place to protect people from abuse.

Staff were available in sufficient numbers to meet people's needs.

People consistently received their medicines safely and as prescribed.

Requires Improvement 

Is the service effective?

The service was effective. Action had been taken to comply with the Mental Capacity Act 2005 (MCA) as mental capacity and best interest assessments had been carried out.

People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

People told us they enjoyed their meals.

People's healthcare needs were monitored. People were referred to the GP and other healthcare professionals as required.

Good 

Is the service caring?

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support.

People's privacy and dignity were respected.

Good 

Is the service responsive?

The service was responsive. People's care was planned in response to their needs.

Good 

People were supported to engage in meaningful activities.

People and their relatives were supported to raise concerns with the provider and there was an effective complaints system in place.

Is the service well-led?

The service was not always well-led. The provider had not told us about some important changes to the care and support provided to people who used the service.

The provider had carried out regular audits of the care provided to people.

The provider promoted an open and transparent culture in which good practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored.

Requires Improvement ●

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 over two days 18 March 2016 and 29 March 2016, and was unannounced.

The inspection was carried out by an inspector, a pharmacist inspector, a specialist professional advisor who was a nurse with knowledge of older people's needs and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 safeguarding team, Healthwatch and a GP to obtain their views.

During the visit, we spoke with seven people who used the service, five visitors, five care staff, the cook and the interim manager. We spent time observing care and support in communal areas.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interaction between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

We also looked at a sample of ten care records of people who used the service, 20 medicine administration records, three staff records and records relating to the management of the service.

Is the service safe?

Our findings

Risk assessment and management plans were in place, however, these were not comprehensive and did not show how the risks to people who used the service would be addressed. Risk assessment and management plans covered various areas of care like moving and handling and falls. Risk assessments consisted of a tick box list. Prevention plans had not been developed to address the risks that had been identified. Where people were identified having specific risks, for example, risk of developing pressure sores or diabetes, there were no specific actions outlined to show how to prevent or mitigate this risk.

Staff told us that people used air mattresses and bed rails. When we looked at risk assessments for people who used these there was no record to show that any risks had been highlighted and addressed. We spoke with the interim manager who told us that the provider was introducing a new template for risk assessments which would address these issues. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in July 2014 we found that people were not always protected from the risk of unsafe administration of medicines as there were gaps in the records of medicines administration. Following the inspection the provider sent us an action plan detailing how they would make improvements by ensuring that administration of people's medicines was recorded by regular monitoring. At this inspection we found that appropriate arrangements were in place for the safe management of medicines. When staff gave medicines to people we saw that they were patient and reassuring. They recorded when the medicines had been taken. People were asked if they were in pain and were given pain relief. Staff told us how medicines were obtained and we saw that supplies were available to enable people to have their medicines when they needed them.

As part of this inspection we looked at the medicine administration records for 25 people. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the medicine administration records and reasons for not giving people their medicines were recorded.

Where medicines were prescribed to be given 'only when required' or where they were to be used only under specific circumstances, individual when required protocols, (administration guidance to inform staff about when these medicines should and should not be given) were in place. The guidance provided information to enable staff to make decisions as to when to give these medicines to ensure people were given their medicines when they needed them and in a way that was both safe and consistent.

Medicines requiring cold storage were stored appropriately and records showed that they were kept at the correct temperature. We saw that controlled drugs were managed appropriately.

The provider completed daily and monthly audits to check the administration of medicines was being recorded correctly. Records showed any concerns were highlighted and action taken. The provider had effective systems in place to monitor the quality of medicines management.

People told us they felt safe at the home and with the staff who supported them. People's comments included, "I am happy here," and "I feel safe." People said they could raise concerns with staff. Relatives were aware of the safeguarding policy and knew how to raise concerns.

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. All the 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. 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.

People told us that enough staff were available to meet their needs. One person said, "Staff are always helping me." The interim manager explained that as part of people's assessment before they used the service it was agreed with them how much staff support they needed. Staff told us that there were enough staff available to meet people's needs. When people requested support from staff they were responded to promptly. One person told us, "They came very quickly." The interim manager showed us the staffing rota for the previous week. This reflected the number of staff on duty on the day of the inspection. The rota showed that the numbers of staff available was adjusted to meet the changing needs of people.

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 commencing employment at the service. Staff records contained criminal records checks, two references and confirmation of the staff member's identity. Checks had been completed to confirm that staff who had a nursing qualification were registered with the appropriate professional organisations. We spoke with one member of staff who had recently been recruited to work at the service and they told us they had been through a detailed recruitment procedure that included an interview and the taking up of references.

Is the service effective?

Our findings

People's needs were met by staff who had the appropriate skills and knowledge to fulfil their roles. Training records showed that staff had completed mandatory training in line with the provider's policy on training. Staff had received training on dementia, managing behaviour that challenged the service and nutrition. All care staff had completed a diploma in health and social care. A training matrix was used to identify when staff needed further refresher training. Staff said the training helped them feel confident about carrying out their roles and meeting people's needs.

Staff confirmed that they received regular supervision and that this was an opportunity to get support from management about any work issues or concerns they might have. Records showed that staff had received regular supervision in line with the provider's policy. This had focused on their developmental needs, the chance to reflect on their practice and the work they were doing with people. Staff confirmed that they had regular supervision and appraisals which enabled them to better understand and meet people's needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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 lacked 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 procedure 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.

People told us that staff asked them for their consent before they supported them. People said they were able to make choices about some aspects of their care. We observed staff asking people what they wanted in terms of their support. The interim manager and the staff we spoke with had a good understanding of the principles of the MCA. They said some of the people who used the service had been diagnosed as having dementia and they took extra care when communicating with them to involve them in making decisions.

Staff had received training in MCA and DoLS. Staff were able to describe people's rights and the process to be followed if someone was identified as needing to be assessed under DoLS. Staff understood people's rights to make choices for themselves and also, where necessary, to act in someone's best interest. The majority of people who used the service had a DoLS authorisation in place. The conditions of authorisation were reflected in people's care plans and risk assessments which also identified how staff should respond to people's varying capacity to make decisions regarding their care and support.

People's nutritional needs were assessed and when they had particular preferences regarding their diet,

these were recorded in their care plan. One person said, "The meals are good here, but if you don't like something, they would try and do something else." The cook was able to explain the dietary needs of people who had diabetes or who were on low or high fat diets. One person, who ate very little, said that the cook had talked to them to find out what they would like to eat.

People told us they enjoyed their meals. One person said, "I like the food." People had a choice of dishes for each meal. Some people were offered choices at lunch time if they chose not to eat or drink what they had originally requested. Another person told us, "I can ask for something different if I don't like what on offered." At lunchtime staff were available to assist people to eat and drink when they needed support to do this. We saw staff supporting and assisting people with meals taken in their own rooms. Staff sat next to each person and supported them with their meal in a relaxed and respectful way, encouraging people to be as independent as possible and chatting to the person in an appropriate manner. Staff supported people to take their time to enjoy their meals.

Staff told us if someone had a reduced dietary intake, or concerns about their nutrition were identified, food and fluid charts were put in place to monitor the amount of food or drink they consumed. Where necessary, we saw that people had been referred to the dietician or speech and language therapist if they were having difficulties swallowing.

People's weights were checked regularly and recorded so that any concerns about people's health could be identified and addressed. Staff accurately monitored and recorded food and fluid intake where required, using standardised measures. Appropriate referrals were made to Speech and Language Therapists (SLT) and dietetics services when needed. We saw that staff were using thickener and supplementary foods appropriately to support people with their nutrition and in line with the advice given.

People were supported to access the health care they needed. They told us that they were able to see their GP when they wanted. Relatives told us that when they asked staff to contact the GP this was done quickly. Care records showed that staff liaised with relevant health professionals such as GPs and district nurses. One person confirmed that, "I've seen the doctor, the dentist and the chiropodist and the staff arranged it." Care plans also showed that other health professionals, for example, dentists, opticians and chiropodists had been consulted about people's needs. Copies of discharge letters from the hospital were kept in people's care records.

Is the service caring?

Our findings

At our inspection in July 2014 we found that people were not being supported to maintain their dignity and privacy. Following the inspection the provider sent us an action plan detailing how they would make improvements by introducing more activities for people living with dementia and training for staff to develop a person centred approach to dementia care. At this inspection we found that staff spoken to understood how to meet the needs of people dementia so that they did not become unsettled. We observed that staff interacted and engaged with people in a way that maintained their well-being. Staff spoken to told us they had been on further training in dementia care that focused on using people's life histories and previous interests to develop care plans. The interim manager told us that they were working with staff to develop the ways in which people with dementia were supported so that their individual needs were being met.

People told us that staff treated them with compassion and kindness. People and relatives were positive about the staff. They were observed to be kind, friendly and respectful in their interactions with them.

People were treated in a caring and respectful manner by staff who involved them in making decisions about their care. One person told us, "Staff are fantastic." Staff knocked on bedroom doors and doors were closed when staff were supporting and assisting people with personal care. Staff treated people politely and with respect in their interactions and when supporting people.

Staff were aware of how to support people to express their preferences. One relative commented, "Staff are really helpful, I think they look after them well." Staff were able to describe how they supported people to make choices about what clothes to wear.

Staff knew how to support people to express their views and be actively involved in making decisions about their care as far as possible. One person said, "Oh, I do get the care I want and need." Staff told us that people, or their representatives, were asked about people's preferences on admission to the home and that this was recorded in people's care plans. Relatives confirmed that they were asked for this information.

Care plans showed that people and their relatives had been consulted about how they wished to be supported. Relatives had been involved in decisions and received feedback about changes to people's care where appropriate. Care plans contained information about people's preferences regarding their care. People's likes and dislikes regarding food, their interests and how they wanted to spend their time were also reflected in their care plans. Where possible, people had also been supported to be as independent as possible and manage their needs. People's care plans showed that they had been involved in managing aspects of their care.

Staff treated people with respect and as individuals with different needs and preferences. Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Relatives had been asked about people's cultural and religious needs. Care records showed that staff supported people to practice their religion and attend community groups that reflected their

cultural backgrounds.

We found that people's relatives and those that mattered to them could visit them when they wanted to. Where people did not have a relative who could advocate on their behalf staff had helped them to access a community advocacy service to ensure they were supported to share their views of their care.

Is the service responsive?

Our findings

People and their relatives had been involved with planning and reviewing their care. Any changes to people's care was discussed with them and their relatives where appropriate. One relative said, "They make sure that we are involved in deciding what will happen." Care plans were in place to address people's identified needs. Care plans had been reviewed monthly or more frequently such as when a person's condition changed, to keep them up to date. Staff explained how they met people's needs in line with their care plans.

People and their relatives told us that they had regular meetings with staff to discuss their needs so that they could be involved in decisions about how care was delivered. People's care records showed that they were regularly consulted about their needs and how these were being met. Staff supported people to make decisions about their care through discussions of their needs.

There was a key worker system in place at the service. A key worker is a staff member who monitors the support needs and progress of a person they have been assigned to support. We found that the key worker system was effective in ensuring people's needs were identified and met. Staff were able to explain the needs of the people they were supporting and how they provided support to people.

Care records set out people's preferences such as the time they preferred to get up and go to bed, whether they preferred showers or baths and information about their interests and hobbies. People's life histories were recorded in their care records. Staff demonstrated a good understanding of people's likes and dislikes and their life histories.

People could choose to be engaged in meaningful activities that reflected their interests and supported their wellbeing. Staff described the range of activities available for people, which included occasional shopping trips and visiting musicians, films, board games and quizzes. We saw that a number of activities took place throughout the day, including a music activity, bingo and an exercise group.

Meetings were held with people so that issues regarding future activities and the general running of the service could be discussed. Minutes were written in a way that supported people who used the service to understand and make decisions about the menu choices and planning activities.

People were confident that if they made a complaint this would be listened to and the provider would take action to make sure that their concerns were addressed. One person said, "I don't have any complaints, but I know if I did they would sort it out if I did." Copies of the complaints procedure were on display in the service. Staff told us that if anyone wished to make a complaint they would advise them to inform the interim manager about this, so the situation could be addressed promptly.

People and their relatives were confident they could raise any concerns they might have, however minor, and they would be addressed. One person said, "If I am unhappy about something, I know how to complain." The complaint records showed that when issues had been raised these had been investigated

and feedback given to the people concerned. Complaints were used as part of ongoing learning by the service and so that improvements could be made to the care and support people received.

Is the service well-led?

Our findings

We reviewed information we held about the service prior to our inspection. This told us that people who used the service had a DoLS authorisation in place. However this showed that we had not received any notification regarding the outcome of DoLS. Care records showed that seven people already had a completed DoLS application. We had not received notifications for these completed applications as the provider is required to do. We raised this with the registered manager who told us they had not completed any notifications regarding the outcomes of completed DoLS applications. The registered manager was not aware that they were needed to do this for each completed DoLS application. This meant that the provider had not told us about significant events affecting people's care and support needs. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The home had an interim manager in place at the time of the inspection. The provider had appointed a manager who was in the process of registering with the Care Quality Commission as a registered manager.

People using the service, their relatives and friends were positive about the interim manager and the way the provider ran the service. People and their relatives knew who the interim manager was and said they were approachable and available. One person said, "The manager always listens to what you have to say."

Staff were positive about the management and told us they appreciated the clear guidance and support they received. Staff told us the interim manager was open to any suggestions they made and they had benefited from clearer communication from the interim manager about how they should prioritise their work.

Staff told us that the interim manager discussed areas of good practice relating to person centred dementia care with them so that they could effectively meet the needs of people. In this way they were supported to develop and improve their practice.

The service had a number of quality monitoring systems including yearly questionnaires for people using the service, their relatives and other stakeholders as well as regular meetings and monthly quality audits. People confirmed that they were asked about the quality of the service and had made comments about this. They felt the provider took their views into account in order to improve service delivery.

Regular auditing and monitoring of the quality of care was taking place. This included spot-checks on the care provided by staff to people. These checks were recorded and any issues were addressed with staff in their supervision. Audits were carried out across various aspects of the service, which included care planning and training and development. Where these audits identified that improvements needed to be made records showed that an action plan had been put in place and any issues had been addressed.

Incident and accident records identified any actions taken and learning for the service. Incidents and accidents had been reviewed by the interim manager and action was taken to make sure that any risks identified were addressed. The provider's procedure was available for staff to refer to when necessary, and

records showed this had been followed for all incidents and accidents recorded.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered persons had failed to notify CQC about significant events affecting people's care and support as required.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practical to mitigate risks to service users as risk prevention plans had not been developed to address the risks that had been identified to service users.