

The Adelaide Lodge Care Home Limited Liability Partnership

Sunningdale House Care Home

Inspection report

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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

Sunningdale House Care Home is registered to provide accommodation for up to 19 people who require personal care. The service is intended for older people, who may be living with a physical disability, mental health needs or a dementia type illness. The care home accommodates 19 people in one adapted building. There were 17 people living at the service at the time of the inspection.

Sunningdale House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

This was a comprehensive inspection carried out on 8 and 10 October 2018. The inspection was unannounced on the first day and announced on the second.

At our last inspection in March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

People remained safe at the service. During the inspection the provider took action to ensure hot water temperatures were safe to avoid the risk of scalds. Staff understood safeguarding procedures and said they would not hesitate to report any concerns. Risk's to people safety and well-being were managed without imposing unnecessary restrictions on people. Medicines were managed safely ensuring people received their medicines as prescribed.

Staff were safely recruited and employed in sufficient numbers to meet people's needs. The staff team were well trained and supported. Staff protected people's rights by following the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People enjoyed the food and were supported to maintain a healthy diet and fluid intake. People had access to health professionals to promote their health and well-being. Health professionals expressed their confidence in the staff team's ability to recognise people's changing health needs.

Improvements had been made to the environment to help people use it more easily and to help them orientate themselves.

People were treated in a kind and caring way by the staff team. Their privacy and dignity was respected. Staff interacted with people in a caring, respectful and professional manner. Staff had developed good

relationships with people and were attentive to their needs.

People's care plans had been developed to identify what support they required and how they would like this to be provided. People had opportunities to take part in activities which they enjoyed and which met their abilities and interests. They were confident that any concerns raised would be dealt with.

The service was well managed. There were effective quality assurance arrangements in place to monitor care and plan ongoing improvements. People's views about the running of the service were sought regularly and changes and improvements took account of people's suggestions.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Sunningdale House 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 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 comprehensive inspection was carried out on 8 and 10 October 2018. The first day of the inspection was unannounced; the inspection team consisted of one adult social care inspector, and an expert by experience. An expert by experience is a person who has experience of using, or caring for someone using, this type of service. The second day of the inspection was announced and completed by one adult social care inspector.

We reviewed all information the Care Quality Commission (CQC) held about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law.

We reviewed the Provider Information Return. 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 used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we met with all the people using the service and we spoke with eight of them to hear their views of the service. We spoke with four relatives. We also spoke with the registered manager, the company representative, the deputy manager, and eight staff, including care staff and ancillary staff. We requested feedback from four health and social care professionals. We received feedback from four; including a GP; community nurse; community psychiatric nurse and speech and language therapist.

We looked at records relating to the management of the service including four people's care plans and associated records including medicines administration records. We looked at three staff personnel files including staff training and recruitment records. We reviewed a selection of compliments and the complaints log as well as the accident/incident records. Documentation relating to the maintenance and safety of the premises was also reviewed.

Is the service safe?

Our findings

The service continued to provide safe care and support.

People felt safe living at Sunningdale House. One person said, "It's the staff, they make me feel safe." Another explained, "This is my home and my home town. I do feel safe here. Staff are very gentle and careful with me..." Relatives were confident their loved ones were safe. One said, "Staff are always there to help (person). This place is very very good; not like the ones you read about in the paper...I couldn't ask for anything better..." Another commented, "This is 200 per cent better than the previous residence..."

We found not all risks had been identified and addressed. For example, water from hand basins was excessively hot, reaching over 50 degrees centigrade in some, which posed a risk of scalding. The provider took immediate steps to address the issue. A plumber was contacted and valves to regulate the water temperature were scheduled to be fitted. In the meantime, the registered manager set up a regular audit of hot water from hand basins to monitor any risk until all taps had been adjusted. There had been no previous accidents involving hot water. The provider confirmed all work had been completed on 26 October 2018.

There continued to be sufficient staff on duty to ensure people were safe and their needs were met in a timely way. People said staff were readily available when needed. "There is always someone here to help me." A relative said "I know all the staff. They have time for me...there is lots going on (activities); the place is kept very clean and the care is excellent. I would say there are always enough staff here..." We saw a member of staff was always present in communal areas to ensure people's needs and requests were responded to quickly. Staff had time to socialise with people, to sit and chat or read with people.

Staffing levels were assessed using a dependency tool, which was calculated according to each person's individual level of need. The registered manager reviewed the staffing tool regularly, to ensure staffing levels continued to be appropriate.

Recruitment practice was safe and ensured only suitable people skills were employed. Appropriate employment checks had been undertaken before staff began working at the service. These included a full employment history; two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Systems were in place to help protect people from potential abuse. Staff had received training to help them understand safeguarding issues, and how and when to report any concerns. All staff said they would not hesitate to raise concerns. Two staff were not aware of the local authority safeguarding team but said if concerns were not acted on they would contact the Care Quality Commission (CQC). The registered manager said they would speak with the trainer to ensure staff were told about the local authority safeguarding team's role. This would ensure all staff were aware of external reporting processes. There had been no recent or on-going safeguarding concerns.

Potential risks to people's safety were managed effectively. Risk assessments had been completed, along with actions staff should follow in order to reduce the risk of harm. For example, moving and handling, falls, swallowing difficulties and skin integrity. Actions to reduce risk included obtaining advice from the speech and language team (SALT) to reduce the risk of swallowing problems. Their advice had been recorded and was followed by staff. For example, one person needed a special diet and required a quiet space and good positioning to eat safely. We saw staff adhere to the advice as the person had the correct textured food and was supported to eat in a quiet space. A speech and language therapist said they were confident staff followed their recommendations to keep people safe. Special equipment was in place where needed to reduce the risk of skin damage. For example, special mattresses and pressure relieving cushions. Environmental risks were considered. One person had requested a free standing heater in their bedroom. A risk assessment had been completed with the person and they had signed this to show they were aware of a possible risk when using this equipment.

There was a process in place to record, monitor and analyse incidents and accidents. The registered manager reviewed all accidents and completed a monthly audit to determine any causes or trends. Action was taken to investigate accidents, such as falls, for example, whether the person had an infection which may have contributed to a fall. A GP confirmed referrals to them were appropriate. They said, "The level of care is good..."

People's medicines were safely managed. Staff responsible for administering medicines had received training and their competency to administer medicines had been checked, to ensure their practice was safe. A health professional said the service had good systems in place and there were "water-tight arrangements" for when medicines changed. People said they received their medicines on time. One person said, "I have pain but I get my pain killers regularly. The staff are very careful with my tablets..."

Medicines were stored securely and at the correct temperature. Daily monitoring of the medicines fridge and storage room was conducted to ensure temperatures were within the expected range. Electronic medicine administration records were used which had a photograph of the person along with essential information, such as allergies. The system immediately alerted staff if a medicine had not been given as prescribed. The system, if used correctly, prevented the administration of medicines until the prescribed time. There were instructions for staff to follow for medicines to be used 'when required' and records showed these had been used appropriately. The provider information return (PIR) and the registered manager confirmed there had been no errors in the past 12 months.

The premises and equipment continued to be monitored with regular checks undertaken by staff and external contractors. Gas and electrical appliances and equipment such as hoists were serviced routinely. Fire safety systems were serviced and audited regularly and staff received training in fire awareness.

Arrangements were in place to deal with emergencies. Personal emergency evacuation plans (PEEPs) indicated the risk and support people required to evacuate them safely.

Systems were in place to prevent and control the risk of infection. The premises were clean throughout with no unpleasant odours. Personal protective equipment, such as gloves and aprons, were used appropriately. A relative said, "It is always clean, no nasty smells...it is nice and warm..." A food hygiene rating of five, the highest score, had been awarded to the service in June 2018, showing high standards had been maintained.

Is the service effective?

Our findings

People continued to receive effective care and support.

Positive feedback was received from people, their relatives and professionals about the knowledge and ability of the staff team. Comments included, "The staff are very good to me..."; "I trust the staff with (person). The care is very good and they let me know if anything happens..." and "All the staff have undertaken training (from the speech and language therapist) and this has been positive...we are confident staff are on board with what is needed..."

Staff received training and support to ensure they had the skills and knowledge to carry out their role and understand their responsibilities. The provider used the services of a qualified training coordinator to develop and deliver staff training. The training programme provided a range of essential training related to staff's roles. Training was offered throughout the month, to support staff's attendance. The registered manager used a training matrix to ensure refresher training was accessed by staff. Some staff were due updates, which the registered manager was arranging.

New staff were supported during their induction training by the qualified training coordinator. The PIR confirmed induction training was in line with the nationally recognised care certificate. All staff said they were well supported by the registered and deputy managers. Staff received regular supervision, which enabled them to discuss their work load and training needs and receive feedback about their performance.

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 less restrictive as possible.

Care records reflected the support people required to make decisions, and included mental capacity assessments. Where people lacked capacity to make decisions, best interest decisions were made on their behalf involving their family or power of attorney, where appropriate. For example, where equipment was used to alert staff to people's movements.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Appropriate applications for DoLS had been made to the local authority where necessary. This was because people required continuous staff support and supervision to ensure their safety. A mental health professional said the service managed the requirements of the MCA well and they had been involved in best interest decisions.

People were supported to maintain good health and had access to a variety of healthcare professionals. For

example, GPs, community nurses, mental health nurses and speech and language therapists. Regular visits were undertaken by a podiatrist and optician. The registered manager was making enquiries with domiciliary dentists on behalf of two people. Feedback from health professionals confirmed they were informed of people's changing needs and staff acted on any recommendations made. One said, "They (staff) are willing to listen and try new interventions...they manage well" and "They (staff) recognise when people's health is changing...they know and understand people..." Staff demonstrated a good knowledge of people's health needs. One person said, "The staff are very good...they remind me to keep my feet up because they get swollen..."

People were supported to maintain a balanced diet which met their needs and preferences. A wide range of food, snacks and drinks were available throughout the day. An external catering company provided the main meals, puddings and supper choices. They were delivered frozen and the service had special ovens to re-heat the food safely. The menus showed an extensive choice of nutritious meals and special diet options. People said they enjoyed the food. Comments included, "The food suits me. There's plenty of it and we can always have more if we want it..." and "I like it. We get lots of good food and snacks. You would never be hungry here..."

The provider had continued to improve the environment for people living with dementia. Newly painted bright coloured doors helped people identify communal areas, bathrooms and toilets and bedrooms. The office and other staff only area doors were pink; toilets and bathroom were blue; bedrooms were green or yellow and the medicine cupboard and cupboards containing cleaning materials were red. Two people commented on the new colour schemes, one said, "It's nice and bright..." Signage was also used to help people find communal areas and bathrooms and toilets. Signs were homely and nostalgic.

There were two bathrooms at the service but only one had an assisted bath. The registered manager explained all people using the service used this bathroom as it best suited their needs.

Is the service caring?

Our findings

The service continued to be caring.

Everyone we spoke with described a caring, kind, friendly and respectful staff team. They told us they were always treated well. Comments included, "The staff are very nice people...kind and gentle...It's all very pleasant here. I am happy and have no complaints"; "All the people here are lovely. That's the nice thing about the place..." and "They look after me very well". Relatives and professionals were equally positive, saying, "The care here is very good. They (staff) are on the ball...I couldn't look after [person] as well as they do"; "I am so very impressed by the caring attitude and willingness of staff..." and "It's a nice home. The staff team are warm and caring."

Staff knew people well and had developed caring relationships with them. There was a relaxed atmosphere at the service and people were relaxed and happy in the company of staff. For example, when assisting people, some people held staff's hands. Staff were tactile with people in an appropriate way; stroking hands, fixing people's hair and straightening their clothes to promote their dignity. One person said, "They're not bossy (staff), just friendly..."

Staff were mindful of people's appearance and understood the impact on their well-being. Everyone at the service was dressed smartly, in clean and matching clothes. Personal care was well attended to. One person said, "Any dirty clothes and they (staff) change them straight away. Everything is clean and I like that. I have my hair and nails done regularly and that makes me feel good. I like it here..."

Staff had a sensitive and respectful approach when assisting people. For example, they offered personal care discreetly and ensured all personal care was delivered in private.

Staff were friendly and polite in their interactions, and they responded promptly to people's needs. We saw that when staff moved through communal areas they always checked to see if people were comfortable and whether they needed anything. One person said, "They are always asking if I am alright or if I need anything. These girls can't do enough for us..."

Staff regularly engaged in meaningful conversations with people, having two-way discussions about things that interested them. For example, chatting about who was visiting them that day, daily news items, and what activities people wanted to do. We heard lots of laughter and friendly and respectful banter.

Staff were also sensitive to people's moods and were aware if a person showed signs of distress. For example, one person was anxious to speak with their relative. The staff member listened to them, took their hand and went with the person to assist them with their phone call. Another person became anxious as they believed they were going to Bristol for the day. Again, staff engaged with the person in a positive way; listening to them but then gently changing the conversation to distract the person. As a result, the person became more relaxed and enjoyed the morning activities.

People were supported to maintain their independence as far as possible and encouraged to make decisions on a day to day basis. The necessary equipment was available to aid their mobility and staff gently reminded them to use the equipment to keep them safe. People and their relatives had opportunities to discuss their care needs. A relative said, "I feel involved in [person's] care. Staff always have time to speak with me..."

People's relatives and friends were welcome to visit without restrictions. They said they were welcome by staff and offered refreshments. One relative said, "I can come at any time and very happy with care and treatment for my (relative)." Staff supported one person to take a phone call from a member of their family, which they enjoyed.

Is the service responsive?

Our findings

The service continued to be responsive.

People were provided with personalised care to meet their assessed needs and preferences. People and their relatives expressed their satisfaction with the service. Comments included, "I am happy with my care" and "I want for nothing really...the staff are all lovely..." A relative said, "I would definitely recommend this place. The care is very good..." A professional said, "Sunningdale is just lovely...we never have a problem or concern. They (staff) are really on the ball. The care and attention is very good."

An electronic care planning system had been introduced since the last inspection. Care plans described people's care and support needs including personal care; health needs; dietary needs; mobility; safety and environmental issues, and emotional and behavioural issues. We noted the past medical history of one person stated they had epilepsy. However, there was no corresponding care plan in place. We discussed this with the registered manager, who explained the person had not had a seizure since their admission over two years ago. However, they said they would discuss the issue with the GP and develop a specific plan of care if necessary.

At the time of the inspection no one was receiving end of life care. However, written feedback from families showed the service had successfully provided care at the end of people's life. Feedback included, "Thank you all for your care and love...my heartfelt thanks..." and "We wish to express our heartfelt thanks and gratitude for the constant care, support and understanding..."

People had opportunities to take part in activities which they enjoyed and which met their abilities and interests. Activities were pitched at varying levels of ability, to ensure all those using the service could be included, if they chose to. A programme of weekly activities was advertised and included, quizzes and games; therapy pet visits; arts and crafts and baking. Monthly outings to places of interest were organised during the spring and summer months. Regular performers visited the service. Music and singing played an important part of daily life as there were many fine singers living at the service. Special events and occasions were celebrated, such as birthdays.

The service employed a creative and enthusiastic part time activity co-ordinator. They knew people well and ensured activities reflected their preferences and interests. People were free to choose what they took part in. Comments included, "...always included..."; "I really enjoy the activities. There is always something to do..." and "I like to be left alone sometimes - as its too noisy and I just like my word search books." Two professionals described a "stimulating atmosphere" at the service. One added, "People are engaged in lots of activities..."

A 'social well-being' worker was also employed part time to support people to use the hairdressing service, carry out manicures and encourage people to join in with the activities. We saw the worker engage positively with people; supporting them one to one with activities.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 which requires the service to identify; record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans provided information about people's sensory or hearing impairment and communication needs. Staff were aware of those people who relied upon hearing aids or glasses to enhance communication. Various information was displayed to inform people of events happening at the service. Symbols and pictures were used to describe the planned activities. Similarly a calendar was displayed together with a weather forecast. The menu board displayed photographs of the food for the day rather than a written menu. This meant people were aware of what was happening on a daily basis.

Arrangements were in place to ensure people's concerns and complaints were investigated, responded to and used to improve the quality of the service. There had been no complaints raised with the service since the last inspection. People and their relatives said they would speak with the registered manager or staff if they had any concerns. One person said, "I have no complaints at all but would be happy to speak with (staff member) if I had any worries. Staff are very nice and put you at your ease." A relative said, "The manager and staff are very approachable so I would speak with them if necessary..."

Is the service well-led?

Our findings

The service continued to be well-led.

The registered manager was qualified and experienced and had worked at the service for a number of years. They had obtained a level five qualification in management of health and social care services. 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.

An open and approachable culture had been developed by the registered manager and staff team. People, their relatives and professionals expressed their confidence in the management of the service and all said they were happy with the care and support provided. Comments included, "The place is well managed. (A deputy) is very impressive. Staff are well trained and competent. We have no worries at all...": "(The registered manager is easy to talk to...they (staff) all are..." and "The manager is very open and takes any feedback seriously..." People were comfortable in the registered manager's company and she had clearly developed a good rapport with them.

The registered manager was also registered as the manager of another residential service adjacent to Sunningdale House. They divided their time between the two services. There were strong management arrangements in place at the service, with the registered manager being supported by three deputy managers. Deputy managers had achieved a level 3 qualification in health and social care, so were experienced and well trained. This meant a senior member of the management team was always on duty at the service.

Clear lines of communication had been established between the registered manager and the staff team and a number of communication methods had been developed. These included regular team meetings, supervision, and written and verbal daily handovers. The provider visited the service several times a week, and regularly spoke with people and staff to hear their feedback.

Staff said they were well supported by the registered manager and deputies. Comments included, "I love it here...it's a really good team..." and "It's about team work here...there is no rushing people, we have time for people...it's a good place to work." One staff member explained about the support they had received to improve their English, which was not their first language. They said, "They helped me to translate things... my English has really improved...I have enjoyed it here..."

Arrangements were in place to monitor the quality and safety of the service. The registered manager or deputies completed regular audits, for example health and safety; medicines and infection control checks. Where improvement had been identified, these had been addressed.

Quarterly 'resident' meetings were held to provide people and their relatives with an opportunity to discuss

the service. This meant people could make suggestions or comment about the service they received and environment they lived in. For example, people were involved in the decision about the new colour scheme; about the activities and outings on offer and the menu choices. Minutes of the last meeting were displayed on the noticeboard for all to see. Annual satisfaction questionnaires were also used to obtain feedback from people, their relatives and professionals.

The registered manager had recently sent this year's questionnaires and was waiting for responses. We reviewed the outcome of the 2017 survey. This showed a high satisfaction level with the service, with most aspects of the service being rated as 'excellent' or 'very good'.

The service worked in partnership with other organisations to make sure they followed current practice. For example, healthcare professionals such as G.P's, district nurses and speech and language therapists. This ensured a multi-disciplinary approach had been taken to support the care of people living at the service. All professionals contacted said referrals to them were appropriately and that staff were keen to learn and followed their suggestions. Comments included, "We have good discussions with them (staff)", and "They have made a real effort to improve dementia care, for example with the activities...we have no concerns."

The registered manager is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We found notifications were made in a timely way and that appropriate records were maintained.

It is a legal requirement that each service registered with the CQC displays their current rating. The rating awarded at the last inspection and a summary of the report was on display on the main noticeboard at the service and on the provider's website.