

## South West Care Homes Limited

# Sunningdale House

### 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 is a residential care home that can accommodate up to 35 older people, some of whom have a diagnosis of dementia. On the day of the inspection there were 34 people using the service.

We carried out this inspection on 3 July 2017. At the last inspection, in April 2015, the service was rated Good. At this inspection we found the service remained Good.

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. People commented, "Staff are lovely" and "Staff are attentive." In respect of their experience living at Sunningdale House people told us "It's a lovely, quiet home. So friendly", "I never thought I'd end up in a home but this is wonderful" and "It's all great here, there is nothing they could do better." Relatives echoed the positive comments from people who lived at the service. Relatives said, "[Person's name] is cared for by staff that genuinely care. All of the family are happy with the care [person name] gets. It's amazing, Staff are always smiling and that makes a difference to [person's name]" and "My wife is so well looked after. I can go home and not worry as I know she is safe and being cared for by staff that genuinely care."

Where people were unable to tell us about their experiences we observed they were relaxed and at ease with staff. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner. Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

We saw a number of compliment cards that praised the caring nature of staff. A person using the service wrote, 'One of the best care homes I've ever lived in over my 20 years.'

In talking with staff their caring nature, passion and approach was evident in that people's care came first. Staff said, "You have to put a little bit of love in everything you do" and "They are my family when I am here." Staff on their days off "pop" into the service to sit down with people who do not have many visitors to have a cup of tea with them. This showed the commitment and approach that staff had to the people they supported.

Sunningdale House had undergone a major refurbishment. The registered manager had attended a year's dementia training course. This resulted in changes to the environment so that it met the needs for people who have dementia. This had improved the living environment for people. Sunningdale House used to have one large lounge and a dining room. These had been separated into four lounge/dining areas and each lounge/ dining area was decorated to a theme. The themes were then in keeping with the different stages of dementia. For example, there was a sensory lounge for people who wanted quieter time, and a lounge which was larger and 'more busy'. Residents were involved in the choosing of the themes and décor of the home. For example, the male residents said they wanted a 'man's cave' so one lounge had been decorated to reflect this. This demonstrated that people were actively involved in how their home would look.

Likewise the corridors in the service had been themed. For example, one person's interest was fishing, to help them know where their bedroom was the corridor wall of their bedroom door was painted to reflect fishing themes as well as some fishing equipment on display. Key themes about the person's interests had been written and were on display so that staff and visitors could open conversations with people who may at times be struggling with their memory. This showed that the areas in the service were personalised to reflect the person's character, tastes and preferences.

The registered manager had found that people used to become anxious around the front lobby of the service. A wall covering has been placed on the lobby doors to represent a book case. People no longer choose to congregate in the lobby area and instead go to one of the lounges to spend their time. This had contributed to a reduction in people's anxiety and incidents in the service.

The impact of the changes to the environment were summed up by a relative who commented 'My mum has been in Sunningdale House for 3 years and recently [managers name] took over the running of the home, what a breath of fresh air. She has changed the way residents are looked after and I think it has made a huge difference to my mum. Whether by coincidence or not my mum has started initiating conversations instead of just answering.'

There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff knew how to recognise and report the signs of abuse. Safe arrangements were in place for the storing and administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. Staff supported people to access healthcare services such as occupational therapists, GPs, community nurses and chiropodists.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Sunningdale House. Care records were up to date, had been regularly reviewed, and accurately reflected people's care and support needs. Details of how people wished to be supported were personalised to the individual and provided clear information to enable staff to provide appropriate and effective support. Any risks in relation to people's care and support were identified and appropriately managed.

People told us they enjoyed their meals. One person said, "There's so much, if you ate it all you'd end up like a balloon", another said, "You can constantly graze here." We saw fruit, snacks and drinks were available in all of the lounge/ dining areas in the home, as well as in people's bedrooms. People were supported to eat and drink enough and maintain a balanced diet and were involved in meal planning. Menu planning was done in a way which combined healthy eating with the choices people made about their food.

People were able to take part in a range of activities of their choice. They provided daily group activities which were displayed so that people could choose if they wanted to participate. One person told us, "There is enough to do." Where people stayed in their rooms, either through their choice or because they were cared for in bed, staff spent one-to-one time with them. This helped to prevent them from becoming socially isolated and promoted their emotional well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and relatives all described the management of the home as open and approachable. People and their families were given information about how to complain. The registered manager was visible in the service, regularly working alongside staff to provide care and support for people. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example. Comments from staff included, "I love working here."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. People and their families were involved in the running of the service and were regularly asked for their views through on-going conversations with staff and surveys.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service had taken action to improve how caring the service was.

Sunningdale house had a strong, visible person centred culture. People were at the centre of every aspect of the service.

The staff team had developed caring and supportive relationships with people using the service.

Staff had formed strong caring relationships with people who used the service. They took the time to listen to people and get to know them. They went out of their way to make people feel valued, cared for and cared about.

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service had taken action to improve how well- led the service was.

Staff said they were supported by management and worked together as a team, putting the needs of the people who used the service first.

There was a positive culture in the service, the management team provided strong leadership and led by example. The provider/registered manager had clear visions and values about how they wished the service to be provided and these values were shared with the whole staff team.

People, their relatives and staff were asked for their views of the standard of service provided.

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# Sunningdale House

## 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 unannounced inspection took place on 13 July 2017. The inspection was conducted by one adult social care inspector.

Before the inspection we reviewed the Provider Information Record (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with ten people who were able to express their views of living at the service. Not everyone was able to verbally communicate with us due to their health care needs. We looked around the premises and observed care practices on the day of our visit. We spoke with the registered manager, three care staff, two agency staff and two relatives.

We looked at three records relating to people's individual care. We also looked at three staff recruitment files, staff duty rotas, staff training records and records relating to the running of the service.

## Is the service safe?

### Our findings

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. People and their relatives commented, "I am very happy", "My mum is very safe here" and "I feel safe here, staff look after me so well."

Due to people's health needs some people were unable to tell us verbally about their views of the care and support they received. However, we observed people were relaxed and at ease with staff, and when they needed help or support they turned to staff without hesitation.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

There were effective systems in place to support people to manage their finances. Some people living at the service managed their own money with support from the registered manager. Advocates were appointed for some people and appropriate arrangements had been put in place to formalise this. The service held small amounts of money for people so that they were able to make purchases for personal items and pay for outings. A robust auditing system was in place to ensure that people's monies were monitored and were kept secure.

There were risk assessments in place which identified risks and the control measures in place to minimise risk. For example, how staff should support people when using equipment, reducing the risks of falls and reducing the risk of pressure ulcers. Staff had been suitably trained in safe moving and handling procedures. Staff assisted people to move from one area of the premises to another by using the correct handling techniques and appropriate equipment.

Incidents and accidents were recorded in the service. We looked at the records of these and found that appropriate action had been taken and where necessary changes had been made to learn from the events. Events were audited by the manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

There were enough skilled and experienced staff on duty to meet the needs of people who lived at Sunningdale House. On the morning of the inspection there were six care staff on duty plus the registered manager, catering and domestic staff. From 2.30pm this reduced to five carers. At night there was two care staff on duty. Additional care workers (six in total) were on duty in the morning and over lunch to assist with people's morning and lunchtime routines. This helped to ensure that there were enough staff available to assist people who wished to get up early or who needed support with their meals.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and

knowledge required to provide care that met people's needs. Staff commented that the induction to their role was comprehensive. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Medicines were managed safely. Medicines had been checked on receipt into the service, given as prescribed and stored and disposed of correctly. Medicines Administration Record (MAR) charts were fully completed and appropriate medication audits had been conducted. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. A lockable medicine refrigerator was available for medicines which needed to be stored at a low temperature. Records demonstrated room and medicine storage temperatures were consistently monitored. These showed medicines were stored correctly and were safe and effective for the people they were prescribed for.

Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiry date of the item, when the cream would no longer be safe to use.

The environment was clean and well maintained. An audit of the environment was conducted monthly and any works identified, for example redecoration, which was then completed. A maintenance record was kept of any repairs needed and when they were completed. There was a system of health and safety risk assessment and smoke detectors and fire extinguishers were fitted throughout the premises. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

## Is the service effective?

### Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs.

Staff received suitable training to carry out their roles. There was a training programme to make sure staff received relevant training and refresher training was kept up to date. The service provided training specific to meet the needs of people living at the service such as dementia awareness. The registered manager encouraged staff development and staff were able to gain qualifications. All care staff had either attained or were working towards a Diploma in Health and Social Care.

Staff told us they felt supported by managers and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team and discuss people's needs and any new developments for the service.

When new staff were employed by the service they completed a full induction programme which included shadowing experienced staff and getting to know the people living at the service. The induction was in line with the care certificate which gives care staff, who are new to working in care, an understanding of good working practices. A newly recruited member of staff told us, "I am new to care and the induction and training has been very good."

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. People's care plans contained details regarding other health professionals and their contact details. Staff supported people to arrange and attend appointments to see their GP and other necessary healthcare appointments

People told us they enjoyed the food. One person said, "There's so much, if you ate it all you'd end up like a balloon", another said "You can constantly graze here." We saw fruit, snacks and drinks were available in all of the lounge/ dining areas in the home, as well as in people's bedrooms.

People were supported to eat and drink enough and maintain a balanced diet. A weekly menu was in place which had been discussed and agreed with people and catering staff. We saw the cook ask people individually in the morning what they wanted to eat for lunch, and again later in the afternoon what they would like for tea. This showed that people's preferences and choices were respected.

The service monitored people's weight in line with their nutritional assessment. Where people were assessed as being at risk of losing weight their food and fluid intake was monitored each day and records were completed appropriately by staff. People were provided with drinks throughout the day of the inspection and at the lunch tables. People who stayed in their bedrooms all had access to drinks.

We observed the support people received during the lunchtime period. The meal was unrushed and people were talking with each other and with staff. Tables were attractively laid with clean table cloths. People were regularly offered cups of tea, coffee, or a cold drink. Staff provided people with individual assistance, such as help with eating their meal or cutting up food to enable people to eat independently.

Kitchen standards were well maintained. Catering staff kept detailed records of foods people had eaten and documentation to evidence that appropriate temperatures of food were recorded as well as temperatures of catering equipment such as fridges. Cleaning schedules were completed so that the standards of hygiene were kept to the appropriate standards.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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 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. Applications for DoLS authorisations had been made to the local authority appropriately.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Care records detailed whether or not people had the capacity to make specific decisions about their care. Records showed where decisions had been made, on a person's behalf, this had been done in their best interest at a meeting involving key professionals and their family. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

Sunningdale House has undergone a major refurbishment. At the previous inspection the corridors to the home and lounges were all painted one colour with limited signage and décor. The registered manager had attended a year's dementia training course. This resulted in changes to the environment so that it met the needs for people who have dementia. This had improved the living environment for people. Sunningdale house used to have one large lounge and a dining room. These had been separated into four lounge/dining areas and each lounge/ dining area is decorated to a theme. The themes were then in keeping with the different stages of dementia. For example, there was a sensory lounge for people who want quieter time, and a lounge which was larger and 'more busy'. The lounges were decorated to suit the environment. Residents were involved in the choosing of the themes and décor of the home. For example, the male residents said they wanted a 'man's cave' so one lounge has been decorated to reflect this with pictures of aircraft, tools and a 'man's cave' sign on display. This demonstrated that people were actively involved in how their home would look.

Likewise the corridors in the service had been themed. For example, one person's interest was fishing, to help them know where their bedroom was the corridor wall of their bedroom door was painted to reflect fishing themes as well as some fishing equipment on display. For another person their interest was gardens and so flowers and garden memorabilia had been painted on the wall and placed around their door. In addition key themes about the person's interests had been written and were on display so that staff and

visitors could open conversations with people who may at times be struggling with their memory. This showed that the areas in the service were personalised to reflect the person's character, tastes and preferences.

A relative summed up the changes by writing to the service and stating 'My mum has been in Sunningdale House for 3 years and recently [managers name] took over the running of the home, what a breath of fresh air. She has changed the way residents are looked after and I think it has made a huge difference to my mum. Whether by coincidence or not my mum has started initiating conversations instead of just answering.'

The registered manager had found that people used to become anxious around the front lobby of the service. A wall covering has been placed on the lobby doors to represent a book case. People no longer choose to congregate in the lobby area and instead go to one of the lounges to spend their time. The registered manager has now placed the bookcase coverings on all outer doors and has found that anxiety levels for people wanting to leave the home has reduced significantly. This has contributed to a reduction in people's anxiety and incidents in the service. The design, layout and decoration of the building met people's individual needs.

The registered manager had also bought signage for the service to assist people to orientate themselves around the home. For example, to identify toilet and lounge areas. Corridors and doors were wide enough to allow for wheelchair users to move freely around the premises. The registered manager was continuing to improve the garden area so that it is more decorative for people. People were very pleased with the layout and décor of the service. Comments included, "It's very decorative, I like it."

## Is the service caring?

### Our findings

On the day of our inspection there was a calm, relaxed and friendly atmosphere in the service. People had good and meaningful relationships with staff and staff interacted with people in a caring and respectful manner. Comments from people about staff included, "Staff are lovely" and "Staff are attentive."

In respect of their experience living at Sunningdale House people told us "It's a lovely, quiet home. So friendly", "I never thought I'd end up in a home but this is wonderful", 'One of the best care homes I've ever lived in over my 20 years' and "It's all great here, there is nothing they could do better." Relatives echoed the positive comments from people who live at the service. Relatives said "[person's name] is cared for by staff that genuinely care. All of the family are happy with the care [person name] gets. It's amazing, Staff are always smiling and that makes a difference to [person's name]." and "My wife is so well looked after. I can go home and not worry as I know she is safe and being cared for by staff that genuinely care."

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in one of the lounges or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable. People and their families had the opportunity to be involved in decisions about their care and the running of the service.

In talking with staff their caring nature, passion and approach was evident in that people's care came first. Staff said, "You have to put a little bit of love in everything you do" "They are my family when I am here" and "It's better to have 5 workers who care than 10 who do not." Staff on their days off "pop" into the service to sit down with people who do not have many visitors to have a cup of tea with them. This showed the commitment and approach that staff had to the people they supported.

Staff were committed to providing the best and most suitable support for people. They did not rush people, were focused on the person they were supporting and spent time on an individual basis with people. Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering and addressed people by their preferred name. Staff told us they had opportunity to have one to one time with people. A member of staff told us they would often sit and chat with people. We saw this occur throughout our visit and this was recorded in care notes. This demonstrated that staff took time to listen to people.

Staff treated people like they were their own family, while still respecting that this was people's home and maintaining appropriate professional boundaries. People, who were able to verbally communicate, engaged in friendly and respectful chatter with staff. Where people were unable to communicate verbally, their behaviour and body language showed that they were comfortable and happy when staff interacted with them.

Care plans contained some information about people's personal histories. This is important as it helps staff gain an understanding of the person and enables them to engage with people more effectively. For example,

when a person became distressed staff used the family information they knew about the person, to help alleviate their anxiety by talking about family members and their interests. Staff sat with the person at their level, gave them appropriate physical comfort that the person responded to, as well as verbal reassurance. The person's anxiety lessened due to how staff approached and responded to the person.

People's privacy was respected. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. A relative told us that having some of their belongings around them comforted their family member. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

The registered manager had supported some people to access advocacy services when they needed independent guidance and support. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

The registered manager told us the importance of being involved in the local community. They had taken some of the people to the Age Concern meetings in the local community. Also to the memory cafe as they wanted people to continue to be involved in the local community and not be isolated. People told us they liked to still go to the village and enjoyed their time there. People attended the local amenities independently or with staff support.

The service promoted people's independence and encouraged people to maintain their skills. Throughout the inspection we saw staff gently and discreetly ask people if they needed any assistance. For example, with cutting up food, help with dressing or help to get up from a chair. We observed that when people answered that they wanted to do the tasks for themselves, staff respected people's wishes to complete these activities independently. Although this meant that more time was needed for people to complete tasks, staff did not make people feel they were being rushed.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. People were able to choose where to spend their time, either in one of the lounges or in their own rooms. Where people chose to spend their time in their room, staff regularly went in to their rooms to have a chat with them and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

People and their families had the opportunity to be involved in decisions about their care and the running of the service. The registered manager spoke with everyone living at the service to ask for their views and make any changes as requested. Relatives told us, because the registered manager was so visible in the service, they spoke with them regularly and were kept informed of any developments in the service.

## Is the service responsive?

### Our findings

People received care and support that was responsive to their needs because staff had been provided with detailed information about each person's individual needs. Staff spoke knowledgeably about how people liked to be supported and what was important to them.

The registered manager and staff told us about people's backgrounds and described the progress they had made and the pride they took in their achievements. This enabled staff to gain an understanding of what had made people who they were today and the events in their past that had impacted on them. In addition along with the person, staff had summarised what was important to the person by compiling a profile which outlined the persons likes and dislikes, preferences, what others liked about the person and what was important to and for the person.

Before moving into the service the registered manager visited people to carry out an assessment of their needs to check if the service could meet their needs and expectations. People, and/or their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive and helped staff to develop a care plan for the person.

Each person had a care plan. Care plans contained appropriate assessments, for example, about the person's physical health, personal care needs, and moving and handling needs. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the guidance they needed to care for people.

People, who were able to, were involved in planning and reviewing their care. Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. Relatives told us they knew about their family members care plans and managers would regularly talk to them about their care.

Daily handovers provided staff with clear information about people's needs and kept staff informed as people's needs changed. Staff told us handovers were informative and they felt they had all the information they needed to provide the right care for people. This helped ensure that people received consistent care and staff were available to respond to their needs.

During the shift when staff had any contact with a person staff recorded on their electronic recording devices the care and support provided and how people had spent their time. The electronic recording system that staff used highlighted to the registered manager if a particular incident of concern had occurred to a person using the service. For example if a person had a fall or appeared to be anxious, this would be flagged on the computer system. The registered manager would then be notified of this immediately and would be able to respond appropriately to the situation. This meant that people received prompt responses when an incident occurred.

Some people living at the service could display behaviour that was challenging for staff to manage, especially if they became anxious. Staff were provided with information on how to support people to manage any changes in their behaviour and understand what might trigger their anxiety. For example, the care plan for one person explained that they might become distressed and how staff should respond to the person. This would ensure that the person received a consistent and appropriate response from staff.

People were able to take part in a range of activities of their choice. People told us, "There is enough to do here." One person told us they went to the church in the village. We were told people went out for lunch and attended the memory clinic in the village. Staff provided daily group activities which were displayed so that people could choose if they wanted to participate. These activities included, singing sessions, board games and quizzes. External entertainers provided exercise sessions and music sessions twice a month. The activities provided were reviewed at the residents meeting, which 13 people attended in July 2017. This showed that people were fully involved in current and future activities provided at the service.

Staff were allocated to one of the four lounges in Sunningdale House. They ensured that people in the lounges had access to activities. For example, in the sensory lounge, soft music was playing for people to be able to relax to. In another lounge people were reading, and listening to music. In another we saw people were socialising with each other, and two people were looking at photographs. People were free to move between the lounges so that they had the opportunity to choose where they wished to occupy their time.

Where people stayed in their rooms, either through their choice or because they were cared for in bed, staff spent one-to-one time with them. This helped to prevent them from becoming socially isolated and promoted their emotional well-being.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People and their relatives told us they knew how to raise a concern and they would be comfortable doing so because the management and staff were very approachable. However, people and their relatives said they had not found the need to raise a complaint or concern.

## Is the service well-led?

### Our findings

At the previous inspection this section of the report was rated as requires improvement. This was due to the manager at that time not being registered with the commission as they were new in post. We also recommended that the service seek support for the management team so they were able to keep up to date with current guidance and working practices. We found at this inspection that the service had taken action to improve how well-led the service was.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

The registered manager was supported by senior carers care staff and operational manager and director. The owner of the service had regular contact with the registered manager and supported them in their role. The registered manager told us the owner was always agreeable to any investment needed for the service and trusted the registered manager's judgement about any money spent.

The registered manager met with the Managing director and Operational Manager three monthly to review the service. The registered manager also met monthly with the Deputy Operations manager to update the action plan from the 3 monthly meeting. The registered manager said that she was supported by the management team of South West Care Homes Ltd and found the meetings with the management team beneficial. This showed there was good communication between the managers of the organisation.

There was always a nominated senior person in charge of the shift. One of their responsibilities was to organise the shift plan for the day to ensure that people's care needs, and daily tasks such as medicine administration were allocated to staff members and completed. This meant that there were clearly defined expectations for staff to ensure that they meet the needs of the service during their shift.

The registered manager acknowledged that there had been some staff turnover but they had recruited to the current vacant posts and it was hoped new staff would commence in the next few weeks. When new staff were recruited the registered manager worked closely with them to help ensure they adopted and understood the culture and ethos of the service. There was a positive culture within the staff team with an emphasis on providing a good service for people. Staff told us morale was good and staff worked well together as a team. Staff said they felt supported by the management commenting, "It's a lovely place to work, (registered manager's name) is very supportive and approachable."

Staff were clear about their roles and responsibilities and it was clear they all worked well together. Staff told us the service was well-led and staff were highly motivated and keen to ensure the care needs of people they were supporting were met.

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff meetings were held to discuss each person's needs and support the staff team when the care provided for some people could be challenging. Staff told us the meetings were a good opportunity to discuss care practice and any other issues in the service.

People and relatives described the management of the service as open and approachable and thought people received a good service. One relative told us, "We are very happy with the home. It's great here."

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. There was a robust auditing system in place to ensure that the service provided quality care to the people they supported. For example, we saw audits in the areas of care plans, medicines, fire, complaints and accident records. The registered manager worked alongside staff to monitor the quality of the care provided by staff. The registered manager told us that if they had any concerns about individual staff's practice they would address this through additional supervision and training.

People and their families were involved in decisions about the running of the service as well as their care. Resident and relatives meetings were held and were well attended. This provided people an opportunity to express their views on the service provided and what changes, if any, they would like to make.

The service gave out questionnaires regularly to people, their families and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes.