

Sunnycroft Residential Care Home Ltd

Sunnycroft Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Sunnycroft Residential Care Home is a 'care home'. People in care homes receive accommodation, nursing and/or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides accommodation and personal care for up to 32 older people some of whom were living with physical health needs and dementia. At the time of our inspection there were 25 people living at the home. The accommodation is split over two floors with a staircase and lift to the first floor bedrooms and bathrooms. There are two large lounges and separate dining room on the ground floor. There are extensive, private grounds providing outdoor seating and eating areas for people to use.

The inspection was unannounced and was carried out on 6 & 9 April 2018 by a lead inspector.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People, relatives and staff expressed an extremely high level of satisfaction and confidence in the leadership and management of the service, rating it outstanding in the most recent survey. People received prompt advice and treatment from healthcare professionals who told us they would recommend the home, that staff were 'fantastic' and knew what they were doing.

The home was exceptionally well led. The provider and registered manager were passionate and committed to developing a service where people received genuinely person centred care. There was an relaxed, open and transparent culture within the home. Staff felt very well supported and valued and told us the registered manager was 'brilliant' and provided clear leadership and direction. All staff understood and embraced the values and vision of the provider and registered manager.

There was a culture of learning at Sunnycroft. Incident and accidents were investigated robustly, and any learning shared with the staff team to reduce the likelihood of a re-occurrence. Staff received a very good level of training, supervision and appraisal to ensure they had the skills and knowledge to deliver effective, person centred care. Staff consistently empowered people to maintain their independence and make decisions and choices about how to receive their care, and spend their time.

People's needs were assessed before they moved into the home to ensure their needs could be met. Person centred care plans were drawn up with the involvement of people and their relatives and recorded in an electronic care planning system which provided a high level of detail and guidance for staff in how people wanted to receive their care. Reviews were carried out regularly with people and relatives to ensure care plans remained current and relevant to people's needs and wishes.

Activities were creative and innovative, and were developed according to people's interests and histories, and often had a purpose, enabling people to contribute to the life of the home. This gave people opportunities to socialise and a sense of purpose and fulfilment. Cultural, religious and national celebrations took place within the home and community. Community links were established, for example, during fundraising, which further increased opportunities for people to feel valued and part of the wider community.

The service supported people and their relatives to develop close relationships with each other and with care staff and we observed genuinely warm, friendly, relaxed and fun interactions during the inspection. The atmosphere in the home was vibrant and people clearly appreciated the happy environment.

Staff were exceptionally kind and caring to people and their relatives who told us how much they valued and appreciated the care they were given as well as their loved ones. Staff went the extra mile to ensure people felt listened to and reassured if they were upset or anxious. Staff were consistently aware of how their approach to support impacted on people's privacy, dignity and choices which they were careful to respect. They took steps to ensure people felt fully involved in their care and had the right to refuse care if they chose to do so.

Robust systems were in place to monitor the safety and quality of the home, including a varied range of audits which informed the service improvement plan. The provider and registered manager worked closely with a consultant to ensure a programme of continuous improvement, and people, staff and relatives were all involved in this process.

People's rights were protected because staff understood the principles of the Mental Capacity Act 2005. Staff always sought people's consent before providing care or support.

Staffing levels were good and staff had time to spend with people, taking a genuine interest in them and supporting them with their chosen activities and care needs promptly.

People were safe from harm and abuse. Staff had received appropriate training in safeguarding people and risks to people had been identified and mitigated through actions and guidance for staff.

There were robust systems in place to manage and administer medicines. People received their medicines safely from staff who were trained to do so.

The prevention and control of infection was well managed. The home was clean and there were no malodours. Appropriate personal protective clothing was supplied and staff knew when to use it.

An emergency plan was in place which provided guidance to staff in what to do in the event of an emergency, and had identified people's individual support needs should an evacuation become necessary..

People were supported with a nutritious and balanced diet that met their needs and preferences. People who required special diets were offered appropriate choices.

The provider had a complaints process which was on display. People and relatives told us they would feel able to complain if they needed to and felt they would be listened to.

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 safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Outstanding ☆

The service remains very caring and we have rated this domain as outstanding.

Staff were exceptional at providing a compassionate and caring service to both people who used the service and their relatives. People and their relatives consistently told us they felt they were part of a family at Sunnycroft.

Staff were highly motivated to treat people with the utmost dignity and respect and to ensure they received person centred care that promoted their independence and choice.

There was a strong person centred culture within the home. Staff knew people and their relatives very well and the things that were important to them. They made time for people, ensuring people had positive experiences throughout each day. People were made to feel important and special on their birthdays with staff going the extra mile to ensure everyone was involved in the celebrations.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive and we have rated this domain outstanding.

Staff went 'over and above' to involve people in deciding on, preparing for and taking part in exciting and innovative activities and events to enjoy.

People were empowered to maintain choice, control and independence through 'meaningful occupation' where they could build on their existing skills and interests.

People and their relatives were involved in the planning of their care, and their views and wishes were listened to, acted on and regularly reviewed. No formal complaints had been received, however, people and their relatives were encouraged to raise any issues or concerns which were acted on promptly and sensitively.

Is the service well-led?

The service was exceptionally well-led and we have rated this domain outstanding.

People, their relatives, staff and healthcare professionals all thought the management of the home was outstanding. People, their relatives and the staff all felt valued and involved in how the home was run. There was a clear vision and strong person centred ethos which was understood, embraced by and put into practice by all staff. Staff felt extremely well supported by the management team who clearly valued them.

The governance and oversight of the home was robust and the provider and registered manager continuously strived to improve the quality and safety of care and ensure people were happy and had an excellent quality of life.

The home had developed strong links with local organisations and was an integral part of the wider community.

Outstanding 

Sunnycroft Residential 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 checked 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.

The inspection was carried out on 6 and 9 April 2018 by one inspector. The inspection was unannounced.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and notifications. Notifications are events that happen in the home which the provider is required to tell us about law. We reviewed the information the registered provider sent to us in the Provider Information Return (PIR). A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

We spoke with five people who lived at the home. We also spoke with five relatives and friends who were visiting. We observed people being supported during both days of the inspection to help us understand their experiences. We spoke with five members of care staff, the activities co-ordinator, the deputy manager, the receptionist/administrator and the registered manager. We also spoke with the provider who visited the home on one day of the inspection. During the inspection we spoke with a health care professional who was visiting and with another health professional on the telephone.

We looked at five people's care records and pathway tracked two people's care. Pathway tracking enables us to follow people's care journey and to check they had received all the care and support they required. We looked at records related to the running of the home, including health and safety, medicines records, four staff recruitment records and systems for monitoring the quality of the service provided.

The service was last inspected in January 2016 when we found no concerns.

Is the service safe?

Our findings

People and their relatives told us they felt safe. When asked if they felt safe one person told us, "I feel very safe. I only have to ring my bell and they'll come up if I need them." A relative said, "I know [my family member] is safe and well looked after. I don't need to worry at all." Another relative said, "Yes, [My family member] is definitely safe and secure. This is what she knows, where she is safe. I can go away on holiday and not worry." Two health professionals confirmed they had no concerns about the way people were cared for.

People were protected from abuse and improper treatment. Staff had undertaken adult safeguarding training and were able to correctly identify types of abuse and the signs to look out for. They were aware of the provider's reporting procedures and that a referral to an agency, such as the local authority, should be made. Staff were also aware of the provider's whistleblowing policy and told us they would use it if they needed to. Whistleblowing is where staff can report concerns about poor care practice to the provider or outside agencies. 'Essential knowledge' cards were visible throughout the home to remind staff of their responsibilities for safeguarding and whistleblowing. One staff member told us that they were, "Confident people [here] are safe from abuse."

People were protected from the risk of harm. People's individual risks had been identified and detailed risk assessments had been completed using national guidance and best practice. These were clearly recorded in people's care records and provided guidance and practical measures for staff to help reduce these risks. For example, the importance of the use of prescribed creams to prevent skin breakdown and appropriate use of walking aids for people at risk of falls. In addition, a falls prevention checklist was in place which prompted staff to review aspects of people's falls, such as a GP review or a referral to the falls team. Staff were knowledgeable about the risks to people and took appropriate action when necessary.

Environmental risks had been assessed and guidance put in place to reduce the risks. For example, the use of bath hoists, clinical waste and hot water. A basic legionella risk assessment was in place which provided guidance about how to minimise the risks associated with legionella. Robust maintenance systems ensured appropriate checks were followed. For example, water temperatures checks, descaling of shower heads and annual water sampling. Following a discussion with the registered manager, they obtained agreement from the provider to commission a more robust legionella risk assessment and they confirmed this was now in progress.

Robust systems were in place to maintain the safety of the premises and equipment, such as window restrictors and door alarms. Servicing contracts included; the passenger lift, bath hoists, portable electrical appliances and pest control. Fire alarm systems were tested regularly by staff. Checks included; extinguishers, fire doors, exit doors and emergency lighting. A fire risk assessment had been completed in January 2018. This identified some minor actions which had already been completed. Six monthly servicing and testing of the fire system was carried out by external contractors.

The provider had an emergency plan which provided guidance to staff about what to do in the event of an

emergency, such as fire and flood. There were Personal Emergency Evacuation Plans (PEEP) in people's care plans which outlined the support people would need to safely evacuate the home in an emergency. Regular evacuation drills were carried out which ensured staff understood the procedures and their responsibilities in the event of a real emergency.

Infection prevention and control was well managed. The home was clean, tidy and free from malodours. Regular checks were completed to ensure all communal rooms and bedrooms were cleaned daily and a programme of periodic deep cleaning was in place. Staff wore personal protective clothing and gloves when required, such as when entering the kitchen or providing personal care. There were ample facilities for handwashing and drying, and antibacterial hand gel was positioned throughout the home. People and relatives told us they were very satisfied with cleanliness of the home. Comments included, "It's so clean, it never smells," and, "It's a lovely home. It's always clean." In the most recent residents' survey, they rated cleanliness as either good or outstanding. An annual statement of infection control had been completed. This provides an opportunity for a provider to review their management of infection prevention and control and make improvements if necessary.

Incidents and accidents, such as falls, were reported and recorded appropriately, such as the frequency, time and place of incidents, in addition to staff actions. This enabled the registered manager to identify trends and any learning, which was shared with staff with a view to the reduction or prevention of similar incidents in future.

There were sufficient numbers of staff deployed to meet people's needs and keep them safe. The registered manager continuously monitored staffing levels. In addition to speaking with staff, the registered manager spent time working alongside staff which enabled them to identify if there were any pressures on staffing. We observed there were enough staff to support people with their daily needs and to respond to call bells or any emergencies quickly. Staff told us they worked well as a team and thought there were sufficient staff to support people safely.

Medicines were managed safely. People received their medicines from staff who were trained to do so and who had regular assessments to ensure they remained competent to administer medicines. We observed a medicines round and saw that people received their medicines as prescribed. Staff were friendly and patient and gave people the time they needed to take their medicines. Where people took their medicines covertly, for example, disguised in a drink, we noted that a mental capacity assessment and best interests meeting had been carried out. GPs and pharmacists had been involved, as well as the manufacturer of the medicine in one case. A risk assessment had also been completed which gave very clear guidance to staff about observing each person until they had finished their drink so no one else would be at risk of picking it up.

People's medicines records were well organised, complete and up to date. They included important information such as allergies and an up to date photograph of each person. Where people were prescribed toxic medicines that required specific monitoring, for example, with regular blood tests, additional information was available to staff which included warning signs to look out for. Guidance was in place for staff which described when, why and how often people could be given PRN or 'as and when required' medicines. For example, for pain relief.

Medicines were stored securely, including topical creams and controlled drugs (CDs). CDs are regulated under the Misuse of Drugs Act 1971 and require specific management and storage. Medicines cabinets were locked and bolted to the wall when not in use. Medicines were stored at appropriate temperatures, in line with manufacturer's guidelines, which ensured they remained safe and effective to use.

Robust recruitment processes were in place which ensured only staff suitable to work in a social care setting were employed. Each staff member had provided an application form detailing their employment history, proof of their identity and had attended an interview. Satisfactory employment references and a Disclosure and Barring Service (DBS) criminal records check had also been obtained before staff started work. DBS checks help employers to make safer recruitment decisions. We noted on one application form that only the year of employment had been given. We suggested to the registered manager that they ask for the month and year to ensure there was not a significant gap in employment history. Following the inspection they sent us a copy of their new application form which had been amended to include this change.

Is the service effective?

Our findings

People and their relatives told us they enjoyed the food at Sunnycroft. One person said, "The food is lovely. We all get the same but they [Staff] will change it if you don't like it. We've just got tea and biscuits and we'll get an ice cream in a minute!" A relative told us "[My family member] loves the food. She always has a choice. They always have fruit."

People received a balanced diet which met their specific needs and preferences. People were involved in devising the menus which were discussed during residents meetings. Menus were on display and showed a varied and plentiful range of food and drink. We observed the lunch meal and saw that people could choose where they wanted to have their meal. For example, in the dining room, lounge or in their own room. Staff spent time with people and offered gentle encouragement to those who required prompting. Plate guards helped people to eat more independently and dementia friendly equipment, such as a red plate, was provided to help one person living with dementia. This created a more positive dining experience as the contrast between the food and the plate meant the food could be more easily seen and it was likely the person would eat more of their meal. The cook had a good knowledge of people's dietary needs and also took account of people's preferred portion sizes when serving up their meals.

There were risk assessments in place for those at risk of malnutrition or choking. Where people were at risk of malnutrition and weight loss, this was monitored and a referral made to their GP where concerns were identified. Timely referrals were made to the speech and language therapy team for people who were at risk of choking and detailed assessments and recommendations were in place for staff to follow. For example, where people required their food to be prepared in a specific way, such as pureed or soft, this was prepared appropriately. Staff had a good knowledge of people's changing needs which were communicated effectively and promptly. A staff member told us, "[Name] was assessed and is now on a pureed diet. She needs to eat with a teaspoon and has supervision when eating and drinking."

People's rights were protected because staff worked within the principles of the Mental Capacity Act 2005. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager was knowledgeable about the MCA. They had completed mental capacity assessments when required and best interest decisions had been taken with the involvement of relevant people when necessary. Where people had a legal representative to act on their behalf, we noted the registered manager had obtained the relevant documents in most cases. We noted one person's documents did not give their relative the relevant authority to make decisions about their health and welfare. We discussed this with the registered manager who acted to address the issue immediately.

Where people had capacity to consent to their care and treatment this was always obtained by staff. People told us that staff asked for their consent before providing support, for example, providing personal care or giving administering medicines. We observed this in practice and saw that staff were aware of people's right

to accept or decline support. A relative told us that staff respected people's wishes. They said, "[My family member] has good and bad days. On a good day she won't be in her room. She will be walking around or sat in the lounge chatting. On a bad day she will stay in her room. That's her choice and staff respect it."

People can only be deprived of their liberty so that they can 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 is called the deprivation of liberty safeguards (DoLS). The registered manager had submitted appropriate applications to the local authority for authorisation where required.

People told us they received prompt support to access appropriate healthcare advice and treatment. One person said, "They will call the doctor or the nurse" [if needed]. Relatives confirmed this with comments such as, "The doctor comes regularly," and "[My family member] had someone come to retest her eyes." We noted from people's care records that they were supported to access a wide variety of healthcare services, such as district nurses, mental health nurses, continence advisers and opticians. A healthcare professional commented, "I'm impressed with the way staff know [people] really well. They provide me with good, reliable information. Staff know what's going on. They follow up my recommendations. I never have any problems and if they're not sure they would call me. They are good at recognising if people's needs are becoming more than they can deal with. They know what they can deal with." Another healthcare professional said, "They [staff] are fantastic. They're really good and know what they're doing. They assess before they refer and make appropriate referrals which is really helpful to us. They know what they're looking for."

Staff received training in key topics such as moving and handling, emergency first aid and infection prevention and control and told us they felt equipped with the knowledge and skills to support people effectively. Some staff had completed additional specialist training to enhance their knowledge and skills. For example, continence care, dementia care and pressure area care. Care staff were also encouraged to complete national vocational qualifications in care at level two and three. New staff completed a period of induction, which included shadowing experienced staff, attending training and the satisfactory completion of their probation period. New staff were also required to complete the Care Certificate. This is a national standard that staff are required to meet when working in social care.

Staff told us they received regular supervision to support them in their roles, which they found useful. Supervisions provide opportunities for staff to meet with their line manager and discuss any issues, ideas, concerns or training needs they may have. Most staff had received their annual appraisal and dates had been identified to complete those outstanding. An appraisal is a formal meeting where staff and managers discuss and review their performance and set key objectives for the coming year.

The premises comprised of the original building with a large purpose built extension. There was a passenger lift and a main staircase which provided access to the first floor bedrooms and bathrooms. Appropriate signage, including picture signage, was clearly visible around the building which assisted people to find their way around. The rear gardens were accessible and people and their relatives told us they enjoyed sitting in the gardens and the views across the fields. We spoke with the provider who told us they eventually planned to upgrade the old part of the building to provide en-suite rooms. However, they told us they wanted a period of consolidation before further refurbishment.

Is the service caring?

Our findings

People and relatives consistently told us the staff were extremely kind, caring and attentive and looked after them as a whole family as well as the people who lived at Sunnycroft. One person told us, "They [staff] are all lovely, really good. I'm so happy here. They're all very helpful." Another person said, "They [staff] are all very kind here. My grand-daughter and her son visit. They [staff] don't mind and they're really friendly [to my family members]." A relative told us, "I love this place. It would break my heart if [my family member] had to leave. They [staff] have an awareness to go the extra mile to keep her here. They [staff] care for us as well. If I'm upset they'll bring me a cup of tea. It's the staff that make it. It's not just a job, they care about us. It's a whole family feel. This is [my family member's] home, not 'a home'." Another relative told us, "I don't feel as though she's in a home. Everyone [staff, relatives and people] laugh, hug, chat and hold hands. They're all so happy because the staff are so happy. They're smiling all day long. I can't fault this place. It's so lovely. I'm coming here!" A third relative told us, "They [staff] are amazing here. They really care. They're considerate and thoughtful. The staff are all lovely and come in and chat to us."

Comments from healthcare professionals were extremely positive too. One told us, "I think the staff respect [people] very much." Another healthcare professional told us, "The staff are very friendly, very welcoming and have a good rapport [with people]. It's one of my favourite homes. People are well cared for. It's fantastic, really good."

Three relatives told us that they knew of care homes that were much nearer to them than Sunnycroft but were so impressed with the love and care that they were prepared to travel to visit their loved ones. One relative told us, "There are other homes nearer but I wouldn't have her anywhere else. I hope she can stay here." Another relative said they had an agreement with staff. "They [staff] will call me if there is a fall or a concern because they know it's a long way for [next of kin] and he'd want to come in."

People were very relaxed with the staff and clearly enjoyed chatting with them. Staff were committed to ensuring people felt valued and listened to and this came across strongly in the feedback people and relatives gave us throughout the inspection. We observed staff interactions with people and their relatives throughout the two days of our visit and saw staff had extremely warm, open and honest relationships with each other. Relatives told us they could, and did, visit at any time. They told us how much they appreciated the relaxed and friendly atmosphere and the warm greeting they received from the receptionist/administrator and/or other staff when they arrived. A relative told us, "The minute you come in, they're all so friendly." It was evident from the relaxed conversations we observed that staff knew relatives very well and were able to immediately update them on how their loved ones had been, which relatives appreciated and felt reassured.

Staff knew people very well and quickly identified if someone was not their usual self. They were extremely observant, although discrete, and regularly checked with people that they were okay. Staff were very sensitive and intuitive to people's moods and we consistently saw examples of people being treated with great compassion and care, and receiving re-assurance when they were upset or unwell. For example, a staff member noticed when one person was walking along the corridor looking a little short of breath. They put

their arm around the person's shoulder and said gently, "Are you a bit breathless [name]. Did you want to come back to the lounge or do you want to go to your bedroom for a rest? I'll walk with you." They re-assured the person and gave them their arm to help steady them as they walked, at the person's pace, along the corridor to their room. The person was clearly re-assured and thanked the staff member as they walked. We observed one person had dropped their cup and saucer which upset them greatly. As they tried to bend down to pick it up, the registered manager rushed over and quietly told them not to worry. The person kept apologising, but the registered manager spent time re-assuring them that it didn't matter and said they would get a staff member to get the sweeper. They held the door open for the person as they went back into their room saying, "We don't want that door to shut on your fingers do we?"

Relatives consistently told us how much they appreciated the practical and emotional support they received from staff. One relative told us how they were going through an especially difficult time and that staff were always there to talk to and re-assure them. They were visibly upset about the situation but told us the staff were so helpful and caring towards them as well as their family member and were very grateful for their support. The registered manager explained, "We spend a lot of time with [the relative], listening and reassuring. They are always welcome here anytime. They will often stay and have dinner." Feedback on a national care website included, "The support they have given us, as the wider family is also exceptional, caring about how we feel and what is happening in our lives. This has been especially important in helping my children come to terms with what has happened to their Gran and feeling comfortable visiting her."

We saw excellent interaction between people and staff. The staff focus was on people having positive experiences throughout each day and not just on completing their care tasks. For example, whilst staff were busy serving people their meals, they responded quickly to conversations which people directed towards them and made time for laughter, banter and appropriate hugs. Another person liked to feel useful so staff involved them in day to day tasks. They [staff] told us, "They do so much. They're like my helper. They do knitting. They taught me to knit. They get the bingo boards ready and help tidy the activities cupboard. If they want to help and they feel needed. We're a team."

Staff knew people and their life histories very well and this was reflected in their care plans. Staff always seemed interested in what people had to say and engaged in meaningful conversation with people. During a memory game, staff talked with people about their lives, where they used to live and their families, which they were clearly very knowledgeable about, including the names of their children and grandchildren. We observed that staff were skilful in involving and engaging people in the conversations and activities in the lounge which promoted inclusion and reduced the risk of isolation or boredom. For instance, one person was trying to read a sentence on the memory ball and a staff member sat with them and helped them to read it so they could join in, but in a way that did not disempower them or detract from their independence.

There was a strong person centred culture within the home. Staff were very thoughtful and considerate towards people. One person had received a telephone call from a relative. A staff member went to tell them and knowing they were hard of hearing said, "[Your family member] is on the phone. Come and sit and have a chat with them? I'll put the loudspeaker on for you. They're coming to see you on Sunday." Another person was sitting next to the activity co-ordinator in the lounge while they were facilitating a memory game. The activity co-ordinator noticed the person was wincing and said, "Oh [name]. Am I being too loud, I'm sorry. I'll move away," which they did and checked with the person that this was better for them. People, relatives and staff told us Sunnycroft was a very happy home. One staff member said, "Everyone interacts with the residents [people]. It's a really happy home for residents [people]. If it's raining outside it's always sunny in here." A relative told us, "Someone's always laughing. It's not stiff and starchy. We're all part of the family. Staff treat people as part of their family. I always highly recommend this place."

Staff went the extra mile to ensure people felt important and special on their birthdays and at Christmas and helped them to celebrate with a party and gifts. The cook also made personalised birthday cakes which reflected each person's interests, such as animals, knitting or flowers. Staff encouraged everyone to get involved with making birthday banners with the person's name on and with decorating the lounge. A staff member told us, "Everyone helps make the bunting. It's much nicer and more personal than buying it. Everyone gets a card and gifts on their birthday." A relative confirmed this and told us, "You want to see the party they gave her. They [the registered manager] wouldn't let me pay for a thing. They arranged for an entertainer to come in, we had banners and cupcakes. It doesn't matter who you are, everyone's treated the same here." Each Christmas, the staff and the provider dressed up to perform a Nativity play. The children of the staff dressed up too and handed out a Christmas stocking to everyone. People and relatives told us consistently how much they enjoyed being part of the festivities and how hard the staff worked to make it a happy time for everyone.

Staff were always very respectful of people's privacy, dignity and human rights. We observed throughout the inspection that staff asked people for permission to enter their room and spoke discretely in a quiet voice if asking a person if they needed to use the toilet. They never stood over people and always knelt down to their level to talk with them. People's care plans reflected the importance staff put on people's privacy and dignity. One person had a health condition so needed to be checked on at night. Their care plan stated, "Check [name] is asleep and okay from the door." Their personal care plan stated, "Please ensure [name] is covered throughout and her dignity is maintained at all times." People's care plans demonstrated that they were involved, as much as possible, with their relatives in the planning of their care and on-going decision making. Their views and wishes were recorded and these were known and respected by staff when providing people with their care.

People could be assured that their information was treated in confidence. People's care plans had recently been transferred to an electronic system. The computer was password protected and when the registered manager or deputy manager were not in the office, the door was securely locked. Paper records were securely stored in locked cabinets in the office. Staff understood the importance of maintaining confidentiality and their responsibility to manage people's personal information sensitively.

Is the service responsive?

Our findings

People and their relatives consistently told us that staff went over and above to provide a varied and enjoyable range of activities and social events which made living at Sunnycroft a happy experience. One person told us, "We do lots of things, we're not just sitting around. We play Boules and other games. We made our own pizzas with toppings. We're going to Poland next week! I don't know what they eat in Poland but I'll find out next week!" A relative told us, "They're always doing activities. She loves the cruise at the moment." Another relative said, "They do lots of arts and crafts and cooking. They made rice crispie cakes covered in chocolate. They love a good quiz and they're travelling all around the world at the moment on a cruise!"

There was a culture of empowerment, independence, choice, fun and laughter at Sunnycroft and this was evident when walking around the home. People were involved in all aspects of preparing for and taking part in the activities, which were numerous and varied. The cruising was a fun initiative to provide people with a chance to experience the food, culture and traditions of various countries around the world from the comfort of their home. They had made a large ship out of board and painted it. There was a map of the world on the wall and people chose which country they wanted to visit each month. They got involved in making flags and decorating the lounge to reflect the country they were visiting and chose national food to eat and games to play. They even learnt some French! The activity co-ordinator told us, "Last month we set off on our cruise. 'Captain [person's name] cracked the champagne when we set sail. We left England with a cream tea. It was very royal. We went to France, played Boules and ate croissants and cheese and drank wine!" Staff had dressed up in French berets and wore garlic around their necks. We were shown photos that were taken as they set off on their cruise and saw the Captain sat smiling at the front of the ship wearing their captain's hat and holding their travel ticket. The lounge was still decorated with French flags and strings of garlic. People had decided the next stop was Poland. We heard how one person was from Poland and staff were especially determined to ensure the experience was authentic for them. They had involved the person's relative to find out about the food, music and games that were played in Poland. The activity co-ordinator told us, "We want it to be special to him. We spoke with [his relative]. They have lent us some CDs of Polish music. They don't really have specific games but we'll do a Polish quiz and activities [the person] likes to do." People and relatives constantly talked to us about it with enthusiasm and were looking forward to the next stop on their travels.

The activity co-ordinator was extremely enthusiastic and, along with all the staff, was focussed on creating a vibrant community and ensuring people had lots of opportunities to have fun. Staff made personal contributions to help ensure activities were a success. For example, by each donating Easter eggs for people to find during the Easter egg hunt. In addition to the cruises, people were encouraged to participate in a range of other daily activities and games, such as cooking, arts and crafts and quizzes. We noted that people enjoyed the activities and got involved in the various discussions that these inspired. Staff were observant, and identified if people were not taking part, always checking if they wanted to, and providing support and gentle encouragement if required. Staff did not make assumptions, and always asked people who usually preferred to sit quietly in the 'new' lounge if they would like to join in. Staff researched and arranged regular community activities which people told us they enjoyed greatly. For example, to the Theatre, garden centres

and the farm. People also enjoyed preparing for and celebrating the many cultural, religious and national festivals throughout the year, such as St Patrick's Day, St George's Day, Chinese New Year, pancake day, Holy Communion and Harvest Festival.

Staff spent time one to one time with people too, to help them follow their own interests and hobbies and to ensure a sense of fulfilment. We were told that one person had been very active before they came to live at Sunnycroft and they wished to continue this and wanted to help as best they could. A staff member told us the person liked to keep busy and had asked if they could paint the garden fences. Staff had completed a risk assessment and put measures in place to enable them to do so. They provided the person with appropriate protective clothing, sun cream and a hat and supervised the activity. We saw photographs of the person looking very happy, sitting on a chair in the sunshine and painting the fence.

The registered manager encouraged staff to continuously keep learning about people and their life histories. They had set staff a 'goal of the month; to find out five new things [about each person], a memory, film, pets, and share it with your colleagues.' People's preferred names and things that were important to them were also captured in their care plans. For example, "[Name] has a dog ornament by her bed which is of great sentimental value to her."

The provider had invested in an electronic care planning system which enabled staff to record people's care on a hand held device immediately at the time it was given. This meant care records were always up to date and staff could access information they needed, such as any changes to people's care needs, at any time via their handheld device. A staff member told us, "The [hand held device] is good. I can update more, it's better. I can read the care plans and any changes. I can check weights and update the changes. If I think someone needs more help I would feedback to [the registered manager] and she would make those changes." People's care plans contained a high level of detail and were extremely person centred. They included information about, for example, their medical history, mobility, eating, drinking and skin care needs. We noted personal and social histories were also described so it was possible to 'see the person' in their care plans.

Care plans and risk assessments were reviewed each month, or when a person's needs changed and this was effectively communicated to staff. Staff were extremely knowledgeable about people and their care needs. For instance, one person had just been assessed and recommended to have a pureed diet and staff members were all aware of the change. A health professional told us they thought the staff had a very good knowledge of people they supported and their changing needs. They said, "They do a fantastic job. I have recommended people look at Sunnycroft if they're looking for a home."

People and their relatives consistently told us that the registered manager and staff provided responsive care and that nothing was ever too much trouble. One relative told us how their family member had been in hospital and it was quite late when they returned home but told us, "[The registered manager] waited for her," even though it was past the end of their shift. Relatives consistently told us they were kept informed of any changes to their loved ones' health and they felt involved and consulted about any decisions. We heard from relatives how people's support was adapted to meet their changing needs and that staff took time to explain and reassure them. A relative told us, "[The registered manager] got the doctor in to talk to me with her. I have a better understanding now, it was re-assuring." Another relative told us, "They [staff] will ring me straight away [if there's a problem or concern]. I have all the backup I need here." We noted eight positive reviews had been left on a national care website which included the following comments; "The staff are brilliant, always have time to speak to me when I have any concerns," and, "Whilst her dementia has progressed, the level of support has developed to meet her needs but ensuring that she retains as much independence as possible and doesn't feel a burden."

People's care plans included basic information about their end of life wishes and practical arrangements such as their funeral. The registered manager told us they would always discuss additional wishes with people and their relatives nearer the time, but they would review the current care plans to ensure they had sufficient detail. We saw that where people had been supported at Sunnycroft at the end of their lives, this had been done with care and compassion. One comment left by a relative stated, "When mum became ill the home provided a level of care over and above the call of duty. We cannot thank the staff enough for everything they did to support mum and us at the end of her life." Staff had requested information about what happens to someone after they pass away as they were anxious that people they had cared for were treated respectfully and with care after their death. They were invited by the local funeral director to look around the facilities and learn how they took care of a person's body following their death. Staff told us this had been a positive and re-assuring experience.

The provider was working towards meeting the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. The registered manager told us they could provide day to day information in large print if required. Staff told us they used different methods of communication, such as body language, gestures and objects of reference to ensure people could voice their wishes. For example, they would hold up different clothes for people to choose from when they got dressed. One person was hard of hearing but chose not to use their hearing aids. Staff had put a communication board in place to write down anything the person was struggling to understand and help aid communication. There were pictorial signs and notices around the home and people had personalised pictures on their bedroom door. This was especially helpful for people living with dementia to recognise their room. The provider and registered manager had set up a social media page and after obtaining consent from people and relatives, used it as a means of communicating information and sharing photos of events and activities. Relatives told us they enjoyed keeping up to date with what was happening in the home and to see how much everyone had enjoyed themselves.

The provider had systems in place to manage complaints although they had not received any complaints. We noted the provider's complaints procedure was available to view in communal areas and had been included in their service user guide. Information about independent bodies who could review unresolved complaints was also included. People and relatives consistently told us they did not have any complaints but said they would speak to the manager or staff if they had any complaints. One person told us, "We all meet up [resident's meeting] to talk about how we are. They always ask us if we have any complaints. I can tell them what I think." A relative told us, "I have no complaints, not after nine years."

Is the service well-led?

Our findings

The home was exceptionally well led. The registered manager was available throughout our inspection and people and relatives clearly knew them very well and were relaxed in their company. Everyone spoke very highly of the registered manager and said they were extremely approachable and helpful. One person told us, "[The registered manager] is very good. I would recommend this home." A relative told us, "I can be truthful with [the registered manager] and I get the truth back." The provider visited to speak with us and to update themselves on what had been happening while they had been away on holiday. It was clear that they were a familiar visitor to the home because people and relatives spoke very highly of the provider and the time and effort they put in to making people at Sunnycroft feel special. One relative told us, "[Name] is the owner. He always comes down for people's birthdays and gives them a box of chocolates. It's lovely." Another relative told us they knew the provider who was very involved in the home and said, "The owner even dresses up as Father Christmas," for the Christmas party.

The provider had written the service user guide in a friendly and informative way and included his photograph to make it more personal. The service user guide informed people and relatives of their rights, such as registering to vote, the services available and what they could expect from the staff at Sunnycroft. The provider and registered manager had a very clear ethos for the home which put people at the heart of everything. The service user guide stated "Our intention is to provide the very best standard of care for our residents in a comfortable and homely environment. Their wellbeing is our top priority. I would like all residents to feel that Sunnycroft is their home, where they can be as independent as possible and be supported to make their own decisions and choices wherever possible." The staff all clearly shared this ethos and we consistently observed throughout the inspection that they put this ethos into practice in all aspects of people's care and support. One staff member explained, "It's really person centred. It's not about us, it's about them [people]."

There was an extremely open, relaxed and inclusive culture within the home and staff felt supported by the registered manager and deputy manager. One staff member said, "It's a very positive place. The staff are all brilliant. The leadership is really good. [The registered manager and deputy manager] are brilliant managers. All staff share the vision, they come and they stay." Another staff member said, "I'm supported to do my job. They manage really well and involve us in improvements and learning." A third staff member said, "[The registered manager] is very hands on. She wouldn't expect us to do something she would not do herself. She's very involved so understands the difficulties and challenges. She definitely leads by example." Another staff member told us, "[The registered manager] is amazing, so is [the deputy manager]. She has such commitment and works so hard." Twenty staff responded to the most recent survey in February 2018 of which sixteen staff rated the registered manager as outstanding.

There was an exceptionally strong team ethos. The registered manager and staff were highly motivated, supported each other and worked very effectively as a team, recognising and appreciating each staff member's strengths. Staff were clear about their roles and the contributions they made. One staff member told us, "We're all doing a good job between us. We help each other out and cover shifts. We're a great bunch. There's no-one I don't trust." Another staff member said, "We have very good staff and good

teamwork. It's so important." A third staff member told us, "[The registered manager] is extremely organised. She's very consistent. I'm very clear in my role. We have a very comprehensive handover and we know exactly what we're doing. There are never any surprises." Staff recently showed their appreciation by presenting the registered manager with flowers and gifts and decorating their office with balloons and banners which said 'Great' and 'Best.' One staff member told us, "She will always say 'thanks for today' and appreciates what you have done."

The provider was clearly very involved in the oversight and governance of the home. They told us, "There are no specific challenges at the moment. I keep a distance and let [the registered manager] run the home. I'm here once or twice a week. I wouldn't hesitate to be here every day if I needed to but I trust [the registered manager] to get on with it. I'm at the end of the phone and email if needed." The provider had also made alternative arrangements with their legal and financial representatives in the event that they became incapacitated to ensure the home could continue to function. The provider told us the registered manager sent them a weekly report which was very comprehensive and covered a wide range of issues, including falls. The provider turned information into graphs, for example, to track falls and spot trends but added, "[The registered manager] would have already told me, they're very competent." Incidents and accidents were thoroughly investigated and any learning was shared with the staff team as part of the continuous improvement process.

The provider had robust systems in place to assess and monitor the quality and safety of the home and there were clear roles and accountability within this. Audits were carried out by staff which ensured on-going review of care plans, medicines, the environment and GP involvement, for example. Any actions were addressed promptly and any changes were shared with staff. Following our previous inspection the provider had employed a consultant to assist with auditing and identifying improvements the home could make. The consultant visited regularly and carried out detailed audits in line with CQC key lines of enquiry. The visit in January included a review of safeguarding adults, the management of risk and staffing. The visit report was extremely positive and detailed and gave clear feedback on what was working well. Comments included; 'There was good organisation of care,' and, 'staff feel positive about the support, guidance and leadership they receive. ...a good sense of teamwork and positive communication within the home,' and, 'staff understood their roles well.' We noted the report added, 'Issues raised for a degree of focus in this report are essentially developmental as opposed to shortfalls.'

We noted that suggested improvements were quickly implemented by the registered manager after each visit, such as revising and improving the training matrix. They had implemented a service development plan and constantly added to this as new ideas and areas for development were identified. The provider told us they were making time to build and consolidate the service following the extension of the home and were engaging people, relatives and staff in the process. They explained the importance of the consultant's role, for example, in revising and developing processes and systems as well as auditing, to help drive improvement.

There was a strong emphasis on involvement and communication with people, relatives and other stakeholders. People and their relatives were consistently asked for their views about all aspects of the service, including the safety and quality of the support provided, activities and menus. They were kept well informed about developments through their 'resident's meetings' and the quarterly newsletter which included information about activities and refurbishments as well as a reminder about staying safe and how to raise a complaint. People and relatives felt involved in how the home was run and had opportunities to provide feedback and felt listened to. One person told us, "They give me a questionnaire to fill out. I can do it individually or we can get together." Results from the most recent survey in 2018 showed that 15 surveys had been returned. Ten people thought the staff were outstanding. Nine people thought the quality of care was

outstanding. Nine people thought the registered manager was outstanding, with one person adding, "And more." Four healthcare professionals responded to a survey in February 2018 and all rated the management of the home as outstanding. We observed ad hoc comments and suggestions were positively welcomed by staff during the course of each day. These were clearly seen as opportunities to improve people's experiences and quality of life.

The home had strong links with the local community which was an integral part of life at Sunnycroft. For example; people and staff regularly raised funds for charities through events such as coffee and cake mornings. Staff and visitors donated food items for the Harvest Festival at the local church to be handed out to people in the community. A local junior school visited the home regularly to sing to people and also made 'twiddle muffs' which they gave to people to hold and fiddle with to help calm them if they became agitated.

Staff told us communication within the home was very effective. Daily handover meetings ensured important information and any changes to people's care needs were communicated to staff coming on shift. Staff also had access to this information on their hand held devices. The registered manager's office was accessible to all staff and had notice boards and white boards with information which was amended frequently. For example, training, safeguarding and updates. Staff meetings took place and staff found these useful. One staff member told us, "We have them [meetings] about every three months. We share ideas and issues. I feel involved in what's going on." Management meetings took place which included the activities coordinator, the cook and the housekeeper which ensured all key aspects of the home were reviewed and information passed on to staff as appropriate.

Policies and procedures were in place which provided guidance for the management team and staff in their responsibilities for themselves and the people they supported. For example, safeguarding adults, whistleblowing, health and safety, direct sharing of information and residents rights, including sexuality and relationships and advocacy. Staff knew where to find the policies if they needed to refer to them.