

## Crabtree Care Homes

# Sunningdale EMI Care Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 19 September 2017 and was unannounced. There were 39 people living at the home on the day of our inspection.

Sunningdale is a 'care home'. People in care homes receive accommodation and nursing 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 accommodates 41 people in a single adapted building in mixture of single and shared room.

The home has a registered manager who has been in post for over six years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The last inspection report was published on 17 August 2016. At the last inspection the overall rating for the home was 'requires improvement'. There were no breaches of regulation at the last inspection. During this inspection we found some improvements had been made however we also identified areas where further improvements were needed.

People told us they felt safe. Staff knew how to recognise and report any concerns about people's safety and welfare.

Everyone we spoke with told us there were always enough staff available. We found staff were well trained and knew how to meet people's needs. However, we found the correct recruitment procedures were not always followed. While criminal records checks were always carried out other checks such as references were not always obtained.

People told us they received their medicines at the right time. Overall people's medicines were managed safely. However, we recommended the provider review their policies and procedures to make sure staff were working in line with up to date guidance on good practice.

Risks to people's safety and welfare were identified and managed. The home was clean and well maintained and people had access to safe outdoor space.

People had confidence in the staff. They felt the staff were well trained. Staff told us they felt well supported in their roles. The provider had a continuous training programme and we saw new staff had received a lot of training. Some of the longer serving staff were overdue to attend training updates of safe working practices. Some of this, for example, moving and handling had already been booked.

The service was working in line with the requirements of The Mental Capacity Act 2005 (MCA) which helped to make sure people's rights were promoted and protected. This had improved since our last inspection.

Everyone was very complimentary about the food and we saw improvements had been made to give people a better meal time experience. People had access to drinks and snacks throughout the day. However, we found some improvements were needed to the recording of people's dietary intake.

People had good access to health care services. Staff worked with other health care professionals to make people got the support they needed to meet their health care needs.

We found staff were caring and treated people with dignity and respect. We saw they knew people well and were patient with people. They asked for permission before they started to support people and explained what they were doing. People were supported to maintain their independence.

The registered manager promoted a person centred approach which helped to make sure people were cared for as individuals.

Before people moved in they were encouraged to visit the home and their needs were assessed. This helped to make sure the home had the right resources to meet their needs.

People had care plans to guide staff on how to meet their needs. However, we found care plans were not always put in place quickly enough when people moved in and this created a risk they would not receive the right care and support.

People were given the opportunity to share their views about the service through meetings and surveys. However, we concluded that more needed to be done to support people to take an active part in planning how their individual care and support needs would be met. Although the relatives we spoke with told us they were involved and kept fully informed this was not always reflected in the care records.

People were supported to take part in a variety of activities.

People told us they had no reason to complain. They felt confident any concerns they might have would be dealt with.

Everybody we spoke felt the home was well managed and said they would recommend it.

Audits and checks were carried out but we found these needed to be improved.

The provider and registered manager have demonstrated they take act on feedback and are committed to the continuous improvement of the service.

We identified two breaches of regulation in relation to staff recruitment, (Regulation 19) and good governance (Regulation 17). We judged the impact of these breaches on people's health and welfare was minor. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People told us they received their medicines at the right time.

Overall, medicines were managed safely; we made a recommendation to help improve consistency.

There were enough staff available to meet people's needs.

The provider did not always follow robust recruitment procedures; some checks such as satisfactory references had not been carried out before new staff started work.

People were protected from harm. Staff knew how to recognise and report concerns about people's safety and welfare.

The home was clean and well maintained.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

The service was working in accordance with the requirements of the Mental Capacity Act. This helped to protect and promote people's rights.

Staff worked well with other health and social care professionals to make sure people maintained good health.

People enjoyed the meals but improvements were needed to the recording of people's nutritional intake.

Staff received the training they needed to deliver effective person-centred care safely but the provider needed to make sure all staff were kept up to date with training on safe working practices.

**Requires Improvement** ●

### Is the service caring?

The service remains good.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People's needs were assessed. When people moved into the home care plans were not always put in place quickly enough to make sure staff knew about their needs. People were not always enabled to take part in planning how their care needs should be met.

People were supported to take part in a variety of activities and social events.

People knew how to make a complaint if they needed to. People told us they had nothing to complain about.

### **Is the service well-led?**

The service was not always well led.

People were very complimentary about the service and everyone we spoke with said they would recommend it.

People, relatives and staff told us they felt the registered manager was approachable and acted quickly in response to any concerns or issues.

Improvements were needed to the processes for checking the quality and safety of the services provided.

**Requires Improvement** ●

# Sunningdale EMI Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 September 2017 and was unannounced.

The inspection was carried out by two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the expert-by-experience had experience in the care of older people and people living with dementia.

Before the inspection, we reviewed the information we held about the provider such as notifications and any information people had shared with us. We also spoke with the local authority commissioning and safeguarding teams to ask them for their views on the service and whether they had any concerns. We reviewed the information on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who used the service and six relatives. We spoke with three care workers, a housekeeper, the cook, the administrator, the registered manager and the provider. We looked at three people's care records and five staff files. We looked at other records which included medication records, training records, meeting notes and surveys. We looked around the home and observed people being cared for in the communal rooms.

# Is the service safe?

## Our findings

Our review of recruitment files showed staff had completed application forms and attended interviews. The provider had carried out criminal records checks with the Disclosure and Barring Service (DBS) to make sure the applicants did not have a criminal conviction which would make them unsuitable to work with vulnerable people. However, in four of the five files we found gaps in employment history had not been fully explored and explanations were not recorded. We also identified concerns about some references. For example, one person did not have a reference from their previous employer, another person had a negative reference, two people had references from friends and another person had two references from the same employer. This meant the provider was unable to demonstrate they consistently followed safe recruitment procedures. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Everybody we spoke with felt that there were enough staff on duty to carry out the tasks required. One relative told us, "There are enough [staff] all the time; they come in on their days off if needed." All the people we spoke with felt the continuity of staff was good with no use of agency care workers. One relative said, "You see the same faces all the time, there are no agency ones."

People who lived at the home told us there was a good response when they used their buzzers or asked for assistance. One person said, "It doesn't take long for them to answer."

One senior staff member told us they liked working at the home. They said the staffing levels were good and they felt everyone worked together as a team which meant staff morale was good.

In addition to care staff the home employed separate staff for housekeeping, catering and maintenance. The registered manager was not included in the staff numbers and was supported by an administrator. The registered manager told us they regularly reviewed people's needs and staffing numbers were adjusted to take account of changes in people's care and support needs.

Everyone we spoke with said Sunningdale was a friendly, caring and safe place to live. One person who lived at the home said, "I do feel safe, if I get worried I just ask a member of staff to sort it out, they are easy to talk to". Nobody expressed any concerns about incidents or behaviours which made them feel unsafe. People told us they felt staff interacted well with people. One person said, "They treat people properly and keep them calm."

People told us they would not hesitate to talk to one of the staff if they had any concerns. One relative said, "They are very easy to talk to both on the phone and when we visit."

Staff had received training on safeguarding and knew how to identify and report any concerns about people's safety and welfare. Our records showed the registered manager identified safeguarding concerns and followed the correct reporting procedures. This helped to ensure people were protected from the risk of abuse.

The home supported some people to manage their money. Money was held securely, all transactions were recorded and receipts were kept for any money spent on people's behalf.

People told us they received their medicines at the right time. One relative said, "The medicines are given properly, they take great care with the cupboard being locked and make sure he has swallowed it".

We found all medicines, including those classified as controlled medicines, were stored securely. We observed a senior care worker giving a person their medication. They wore a tabard which informed people they were administering medicines and should not be interrupted. We saw they were kind, caring and took their time. They knelt beside the person and asked, "Am I all right to give you your medication now?" They stayed with the person until they had taken them.

The registered manager told us one person's medicines were given covertly. Most of the medication was in liquid form. We saw information from the GP, the pharmacist and the person's family was recorded which demonstrated the decision had been made in the person's best interests. There was a care plan in place explaining how the person's medicines should be administered.

We looked at the medicine administration (MARs) and found these were generally well completed. Most of the MARs had a photograph of the person. However, we found the service needed to make some improvements to ensure a consistent approach. For example, in the case of a person who had recently moved into the home staff had hand written the MAR. This had not been checked and signed by a second staff member. National Institute for Health and Care Excellence (NICE) guidance on the safe management of medicines in care home recommends hand written entries on MARs should be checked and signed by two staff to reduce the risk of transcribing errors. The provider's policies and procedures did not reflect this guidance. The registered manager assured us they would address this.

Several people had hand written MAR's in place for topical medications such as creams. We discussed this with the registered manager who informed us this was due to the pharmacy not sending the printed MAR's, they told us they had followed this up with the pharmacy. There was not sufficient information recorded on the handwritten MAR's to provide staff with clear guidance when and where the creams/lotions should be administered. They had not been countersigned by a second person. The registered manager assured us this was an exceptional situation and was being addressed.

Where people had medicines and topical creams prescribed on an 'as required' basis, we found there were no protocols in place to guide staff on when and how these medicines should be used. However, our discussions with staff demonstrated they were aware of how to use the creams and none of the people who lived at the home had experienced any skin damage such as pressure sores. Therefore we concluded this was a recording issue and were assured by our discussions with the registered manager that it would be resolved.

Some medicines are prescribed with specific instructions about when they should be taken in relation to food. There was a system in place to make sure this happened. Senior staff started work early to administer these medicines. However, this was not written into the home's policy.

We recommend the provider review their medication policies and procedures to ensure they reflect NICE guidance.

Risks to people's health and welfare were identified in their care records. Risk assessments were in place for areas such as falls, nutrition and tissue viability. We saw where risks had been identified action had been

taken to mitigate the risk. For example, when people were identified as being at risk of developing pressure sores specialist cushions and mattresses were provided and being used.

Everybody we spoke with said the home was clean and hygienic. One person said, "It's well cleaned, really clean, cleaned three times a day." People's relatives spoke positively about environment, inside and out. One relative said, "The outside is brilliant, lovely, inside it's not bad at all." When we looked around we found the home was clean and well maintained.

The local authority's environmental health team inspected the standards of food safety and hygiene. They gave the service a score of 5 which is the best score that can be awarded.

When we looked around we saw the home had safety features such as radiator coverings to protect against the risk of burns and window restrictors to reduce the risk of falls. We looked at a selection of maintenance records and saw key safety checks on the gas, electrical, water systems and lifting equipment were carried out. The provider had completed a fire risk assessment and Personal Emergency Evacuation Plans (PEEPs) were in place instructing staff how to safely evacuate people in the event of an emergency.

## Is the service effective?

### Our findings

People told us they felt staff were well trained. They said this contributed to people experiencing a good quality of life. One relative said, "They go for training regularly, they know what [to do] and how to do things."

The staff we spoke with demonstrated a good knowledge about topics such as safeguarding and the Mental Capacity Act 2005. This showed their training was effective. Staff told us they had received induction training when they started to work at the home. They were positive about the training and said it enabled them to work effectively and safely with people.

The training records showed a lot of training had been completed recently for new staff. However, in the case of longer serving staff we found some of their training was overdue. For example, we found only seven of 26 staff had up to date moving and handling training. We discussed this with the registered manager and they confirmed this training had been booked. This should have been addressed by the provider's quality assurance and monitoring systems. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us there was an ongoing training programme for staff which supported them to obtain qualifications in care. During the inspection we saw examples of this, for instance, two staff were undertaking the Care Certificate. This is a nationally recognised training programme designed to give staff new to care the knowledge and skills they need to deliver safe and effective care.

Staff had attended training on person centred care and we saw this was discussed in team meetings to help make sure it was put into practice.

The registered manager had a system in place to ensure staff received one to one supervisions and appraisals. Staff told us they felt supported by the registered manager and they felt they could approach her for anything. One staff member told us, "I feel supported and encouraged to progress I have just completed my medication training so I can undertake additional roles." Another staff member said, "[Registered manager] is a very nice, caring and friendly person. [Registered manger] was flexible with the rota which allowed me to carry out my duties effectively and still care for my son."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. At the last inspection in July 2016 we found the service needed to improve the way Deprivation of Liberty Safeguards (DoLS) authorisations were monitored. During this inspection we found improvements had been made. The registered manager had a list of everyone who had DoLS authorisation in place. This showed the date of the application, the outcome and the expiry date. The records showed the registered manager was sending renewal applications well in advance of the expiry date.

We looked at the records of one person who had a DoLS in place with conditions. We found two of the conditions had been met. One was outstanding in relation to finance management; this had been ongoing for over a year. The registered manager told us what they had been doing to try to resolve this matter and explained the person now had an advocate who was providing support to help resolve the issue.

A Lasting Power of Attorney (LPA) is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and finance or health and care or both. It is important that providers have this information so they know what decisions the attorney can make. Most of the relatives we spoke with said they had Lasting Power of Attorney one said, "I have got both of the LPAs, and the home has a copy".

We observed staff asked people for their consent before delivering care and support. People told us staff always asked their permission. One person said, "They explain things and ask if they can do them."

Everybody we spoke with made positive comments about the cooking and the quantity of the meals. One person who lived at the home said, "The meals are lovely, a good amount of food and its varied every week." A relative said, "The food is so good I eat here too often and waste food at home."

People told us staff checked their weight, one person said, "They weigh us every week I think." People told us drinks and snacks were available throughout the day. One person said, "There are drinks and snacks and fruit in the afternoon every day." This was consistent with our observations during the inspection. We saw jugs of water and juice were available for people to help themselves and drinks and snacks were offered mid-morning and mid-afternoon.

At the last inspection we found improvements were needed to the monitoring of people's dietary intake. During this inspection we found staff completed daily food and fluid charts which showed the amount offered and the amount the person had actually taken. In one person's records we saw their total fluid intake for one day had been 400mls which is very low. We discussed this with the registered manager. They explained the records were updated by staff using an electronic hand held device. During the week in question they told us there had been some issues with the electronic recording system. They assured us they were confident this was a recording issue and the person had received an adequate fluid intake. People did not look dehydrated and drinks were readily available therefore we were satisfied this was a recording issue.

When people were at risk of poor nutrition their weight was monitored and the degree of risk was assessed using the Malnutrition Universal Screening Tool (MUST). We saw evidence of involvement by GPs and dieticians and people had been prescribed and were receiving fortified drinks. However, in the records of one person who was nutritionally at risk we found their care plan and MUST assessment was not up to date. We saw the person's weight was stable and appropriate action was being taken to manage the risk, therefore we concluded this was a recording issue.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection in July 2016 we found improvements were needed to people's meal time experience. During this inspection we observed the meal service at breakfast and lunch time and found improvements had been made.

At breakfast time we saw people were offered a choice of cereals, porridge, toast with jam or marmalade and hot and cold drinks. At lunch time we saw the dining rooms were clean, bright, welcoming and well decorated but there wasn't any background music. The tables had tablecloths, place settings, glasses, napkins, condiments and a floral centrepiece. There were no menus on the tables but the care workers talked through the choices before serving and then went through each ingredient on the plate for people. Staff were present throughout the meal service to support people. This included the activity coordinator who helped one person with their meal. People were offered fruit juice and hot drinks at the start and during the meal. The care workers knew about people's needs and we heard them asking people if they wanted to wear clothing protectors while eating.

The meal service was not rushed and staff took time to interact with people in a friendly way. The food looked appetising and the portion sizes were good. People looked like they were enjoying their meals. Everyone was encouraged to finish their meal and we saw most people cleared their plates. We heard one person say, "I like the cooking here."

We spoke with the cook who knew about people's dietary needs and preferences. They told us they developed the menu by asking people what they would like to eat and said "I also liaise with residents' families for that personal touch with people's food."

Everyone told us there was good access to other health care professionals. One person said, "The home arranges the visits of the doctors and others." Relatives said they were kept informed about referrals and other daily changes. One relative said, "If anything is different they phone up to let me know."

The home used Telemedicine which allows remote video consultations with medical staff. This meant that people had immediate access to medical advice. It also helped to reduce unnecessary visits to hospital which can be distressing for people. The registered manager told us they were also taking part in a trial of similar system with their local GP practice.

Care records showed people had access to a range of health and social care professionals such as GP's, district nurses, social workers, speech and language therapists and chiropractors.

We spoke with a visiting health care professional who told us they had a good working relationship with the home. They said staff were quick to report any concerns about people's health. They told us staff at the home did "a really good job" of supporting people with complex needs.

## Is the service caring?

### Our findings

At the last inspection in July 2016 we found the service was caring. During this inspection we found the service remained caring.

Everyone we spoke with was happy with the quality of the care given by the carer workers and the manner of their interactions with people. A relative said, "They are kind, caring and compassionate, always treat them with respect even the awkward ones." This was consistent with our observations. We found a positive and caring approach within the home.

During the inspection we saw staff treated people well with dignity and respect and had developed positive relationships with people. We saw lots of positive interactions. For example, during breakfast one person became agitated; they had already eaten but didn't remember and wanted their breakfast. Staff sat with the person and reassured them through conversation and by holding their hand. While continuing to provide reassurance the staff member arranged for another staff member to get the person more food. The person became calm when the food was served.

People told us they felt staff took the time to listen and would try to act on concerns. A relative said, "They do listen to you and take notice." Another said, "You can talk to any of member of staff about anything."

We observed staff supporting a person to move from a wheelchair to an armchair with the aid of a hoist. Staff started by asking the person if they wanted to move. They talked to the person throughout the process and explained each step so that the person understood what was happening.

Everybody felt people were treated with respect and dignity. Relatives told us staff were careful to protect people's privacy. One relative said, "They always close the door and curtains to protect his dignity". The staff we spoke with demonstrated a good knowledge and understanding of people's needs and were able to explain how they maintained people's dignity whilst delivering care.

The majority of people we spoke with felt they were actively involved in their daily care. People told us they could have a bath/shower whenever they wanted, one person said, "I can bathe or shower when I want." People also told us they were supported to be as independent as possible. One person said, "They let us do what we can do." Another person said, "I can choose for myself what I want to do and where I want to be."

We saw the environment was well designed to support people living with dementia to move around safely. They were able to walk freely around the communal areas and corridors and go out into the garden without any apparent restrictions. However, all the time they were being discreetly observed by staff and the outside area was secure. We saw two people spent a lot of time outside the garden area; staff told us this helped them to manage their anxiety. We saw staff remained attentive to their needs and noted that after lunch when the outside temperature had dropped they had been encouraged to put on coats.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the

legislation. Our observations of care, review of records and discussion with the manager, staff, people and visitors demonstrated that discrimination was not a feature of the service. The provider had equal opportunity policies in place and staff received training on equality and diversity during their induction. This was also reinforced by person centred training which focussed on empowering people to make decisions about their care.

## Is the service responsive?

### Our findings

A pre-admission assessment was carried out to make sure the home had the right resources to meet the person's needs. When people moved in a more detailed assessment of their needs was carried out and this information was used to develop their care plans.

However, in the case of one person who had recently moved into the home we found the initial assessment had only been partially completed. There were no care plans in place to guide staff on how to support the person. The pre-admission assessment records were not available in the home at the time of our inspection. The registered manager told us this document had been taken home by one of the senior care staff so that they could start work on the person's care plan. The absence of care plans created a risk the person would not receive appropriate care and treatment.

None of the people we spoke with knew what their care plans contained and they said they had not been involved in reviewing them. One person said, "I think I have one [care plan] but I don't really know." We saw evidence of family involvement in the care plan review in one person's records. We did not see any evidence of formal involvement by people who lived at the home. The relatives we spoke with felt they did not need formal meetings about care plans because the day to day communication was so good. One person said, "In as much as I can and I am told everything."

We had identified this as an area which required improvement at our last inspection. It is important that people are enabled and supported to take part in planning how their care needs will be met. This helps to make sure the care they receive is appropriate, meets their needs and reflects their preferences.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us people were encouraged to come and look at the home before making a decision about moving in. This was confirmed by people we spoke with. Most relatives told us had visited the home before their relative had moved in. One said, "Me and my daughter came in, we liked what we saw, the room and everything".

In other people's records we saw care plans had been completed and covered areas such as communication, moving and handling, making choices, nutrition, medication and personal care. The care plans were for the most part person centred and informed staff how people should be supported to ensure they received safe and effective care. For example, one person's plan included details of how often they should be supported to change their position to help prevent skin damage and when the frequency of position changes should be increased. The daily care records showed staff were following the plan. Another plan for communication explained in detail how the person communicated through facial expression, smiling and hand movement. Care plans were in place for end of life care; however, we found these plans lacked details about people's wishes. Most of the relatives we spoke with said they had been involved in discussions about people's end of life care.

Some people had care plans in place to support with behaviours that challenge. The plans prompted staff to consider factors which may be contributing to the behaviour such as pain, fear or difficulty making staff understand what it is they need. This helped staff to see the situation from the person's perspective.

People's care records were maintained electronically. All staff on duty had a hand held device and unique log in details. They used the hand held device to access information about people's care needs and to record care interventions. This meant they were able to update the records throughout the day.

Our observations of care and support showed staff understood people's individual care plans and support needs. Staff told us they were involved in developing people's care plans. One staff member said, "We have input into people's care plans, we give the seniors information and they add it."

People who lived at the home told us staff knew about their care and support needs. One person said, "They know when I am in a mood and not to bother me and stuff." Within people's care records we saw information was recorded about their likes and dislikes.

People and relatives told us they were happy with the home and the staff. Everyone we spoke with had something good to say about the service. One relative said, "I am happy with him in here, I want to come in here myself." Another relative said, "The care, compassion and empathy towards the family [is good], it's not just about the money."

Most people were positive about the level and quality of the activities available. This included one to one and group activities. One person said, "I do join in sometimes, there is enough going on for me."

People told us they would be helped to go outside if they asked, one person said, "I can go out and sit in the sunshine in the garden." Another person said, "I can go out to the shops on my own if I want." In addition to the garden furniture the home also had a garden house. On the day our inspection one of the people who lived at the home had a party to celebrate their birthday with family and friends in the garden house. It provided a good place for people to enjoy private time with family and friends away from the hustle and bustle of the home.

Most people told us they weren't sure about the formal complaints procedures but felt this was not an issue as they had no reason to complain. One relative told us they did know about the procedure. They said, "I haven't wanted to complain but I have got the paperwork on how to do it."

The provider had a formal process in place for dealing with complaints. Information about how to make a complaint was displayed in the home. There had been no formal complaints since the last inspection.

The registered manager also kept a record of compliments which showed where the service had met or exceeded people's expectation. The following are some of the compliments the home had received since our last inspection: 'We were so nervous about moving mum, but she settled straight away. Every individual member of the team played a part in helping her, Sunningdale team have made a huge difference.' 'You were all professional and great at what you do.' 'Thank you for making my grandmas final years as great as you did'. 'Thank you for the love and care you gave to mum. An even bigger thank you to all the support you gave us during the years mum spent with you.'

## Is the service well-led?

### Our findings

Everybody we spoke with said they felt the home was well managed. One relative said, "It is well run and efficiently managed." There was a mixed response from people about how much they were involved in the running of the home. One relative said, "We don't have formal meetings we just discuss as required." Another said, "I have been to a meeting and I proposed an idea the home was prepared to try but the other relatives weren't interested."

People felt the staff and management of the home would respond positively to issues raised outside of formal meetings. One person who lived at the home said, "They do listen to you and try to do what you say."

The majority of people we spoke with were positive about contact with the registered manager. A relative said, "I know her, she is easy to talk to and has helped me a lot." Everybody said there was a good atmosphere in the home. One relative said, "It is a welcoming cheerful place despite some difficult residents." Everyone said they would recommend it to others, one person said, "I have recommended it when I go out".

In April 2017 the provider sent surveys to the relatives of people who lived at the home. The responses to the survey echoed the feedback we received from people during the inspection. Comments included, 'Nice and welcoming, appears safe and secure. 'When issues have arisen staff have responded well and timely.' 'Management appear to be very quick off the mark in seeking support/advice from outside health care professionals which is a great comfort and gives family peace of mind.' 'Always take time to listen and explain things that we may not understand.' 'What strikes me most about Sunningdale is the care and compassion shown to the residents, family and friends from the majority of staff.' 'All the staff are pleasant and helpful. I am impressed that all the carers make a point of saying hello to each resident they all have enormous patience.'

The five people who responded to the survey all said they would recommend the home.

The survey responses also included some suggestions for improvements. One person commented, 'Food excellent but could be more prompting of residents unable to eat and drink for themselves.' Another person commented that activities were 'variable' and suggested more stimulation for people. The provider told us they had taken note of these suggestions. They told us they were going to give feedback on the actions they had taken in response to their suggestions in the form of a 'You said, we did' report. The provider told this was a new initiative they were implementing in all their services following recent feedback from a CQC inspection at another location. They assured us in future feedback would be made available to people in a timely way.

The staff we spoke with were positive about the attitude and approach of the registered manager. They said the registered manager was very approachable. They told us the management team was supportive and listened to them.

Staff told us they had regular meetings and we saw evidence of this in the records we looked at. Staff said

the meetings helped to keep them updated and gave them an opportunity to discuss any concerns or suggestions. One of the staff said, "[I] love working here, we work as a team. We always adapt to resident's needs." All the staff we spoke with said they would recommend the home to family and friends.

We saw the registered manager held meetings for people who used the service and relatives although not many relatives attended. We saw there had been a meeting in June 2017 where people had commented positively about the improvements the provider had made to the décor in the communal rooms and people's bedrooms.

The registered manager analysed accident and incidents and the records showed action was taken in response to accidents. We also saw action was taken to reduce the risk of recurrence, for example, one person had moved to a room on the ground floor.

We saw audits and checks on the quality of the service were carried out by the registered manager and the provider. Audits covered areas such as record keeping, people's meal time experience, the environment, the laundry and catering.

We saw the service had acted on feedback from previous inspections. For example we found improvements had been made in relation to people's meal time experiences and the way DoLS authorisations were managed. We also saw the service had obtained a copy of the NICE guidance on the management of medicines in care homes. However, they had not updated their own medicine management policies to reflect this guidance.

Throughout the inspection we identified areas where the provider's governance and record keeping systems had not been operated effectively. For example in relation to staff recruitment, staff training and care planning. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From our discussions with the provider and registered manager we were assured they were committed to the continuous improvement of the service.

The rating from the last inspection was displayed in the home as required by law.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes to assess, monitor and improve the quality and safety of the services provided were not always operated effectively. Regulation 17(1)(2)(a) Accurate records were not always maintained. Regulation 17(2)(c)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The information specified in Schedule 3 was not available in relation to each person employed. Regulation 19(3)(a)