

Sunnycroft Care Home Limited

Sunnycroft Care Home

Inspection report

113-115 Fakenham Road
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Tel: 01603261957

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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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Sunnycroft is a residential care home that was providing personal care to 35 people aged 65 and over at the time of the inspection.

People's experience of using this service:

- Risk assessments were not always individualised. However, people said they felt safe living in the home.
- There were no assessments of people's mental capacity when they needed support with making decisions.
- People were supported to access healthcare professionals, however care plans were not always updated with their more relevant information and recommendations.
- There was limited oversight of the daily records of people's care. Staff had not always recorded people's food accurately, and what care they had received.
- Care staff did not always uphold people's dignity, but people we spoke with told us they felt staff respected their privacy.
- There were enough staff to meet people's needs.
- Medicines were stored and recorded safely, and administered as prescribed.
- There was a choice of meals on offer which people said they enjoyed.
- There was a range of activities on offer and people were engaged in hobbies and interests as much as possible.
- People were involved in their care and consulted appropriately.
- The staff team worked well together and communicated about people's needs.
- Although there were some improvements since our last inspection, for example in the oversight of cleanliness and personalised care, there were other areas which required further work to achieve an overall rating of Good.

Rating at last inspection: Requires Improvement (published 12 March 2018). This service has been rated Requires Improvement at the last two inspections. At the last inspection, there were three continued breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we inspected: Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good. They sent us an action plan with this information, and we met with the providers to discuss our concerns about the home.

Enforcement: Following the last inspection, we took action to impose conditions on the provider's registration which meant they were required to send us regular updates about their oversight of particular areas of service provision. This included infection control and person-centred care. We also asked the provider to complete an action plan to show what they would do and by when to improve the key questions to at least good. They provided this to us, and whilst we noted some areas had improved since our last inspection, we found some areas had not improved sufficiently.

Action we told provider to take (refer to end of full report).

Follow up: We will continue to monitor the service according to our schedule for returning to locations rated requires improvement.

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.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Sunnycroft Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by three inspectors and an expert by experience. One of the inspectors was member of the medicines team. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Sunnycroft is a 'care home' for up to 59 people. The service supports older people, many of whom are living with dementia. The accommodation comprised of a purpose built property connected to a bungalow and a house. When we inspected, there were 35 people living in the home.

The service had a manager registered with the Care Quality Commission on 26 October 2016. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Prior to the inspection, the provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to inform our inspection.

During the inspection visit, we spoke with seven people who lived in the home and one visiting relative. We observed care and interactions with people, including those who were not able to communicate with us. We also spoke with a member of care staff, the care coordinator, a member of housekeeping staff, two kitchen staff and the registered manager. We looked at five people's care records and records associated with how the service is run.

Is the service safe?

Our findings

At our last inspection of 11 December 2017, the key question for safe was rated requires improvement. There was a repeated breach of Regulation 12: Safe Care and Treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 8 April 2019, further improvements were still required and the rating of requires improvement remained with a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments were not updated in a timely manner. For example, for one person who had pressure ulcers, this had not been added to the care plan. This meant that care staff following the care plan may not have been aware of the person's most up to date needs regarding their pressure care.
- Not all risk assessments were filled in accurately, for example for one person's risk of choking.
- One person was self-medicating an inhaler. There was no risk assessment in place which determined that this was safe, or specified what staff oversight was needed of the person self-medicating.
- Some people's personal evacuation plans (PEEPS) were missing, including one person who was at higher risk due to being on oxygen. This meant emergency services would not have a snapshot of what support the person required to evacuate.
- There was inconsistent recording around some aspects of care, for example, what people had eaten when they were at risk of weight loss. This meant we were unable to see evidence that one person was adequately supported with their meals.
- There was not always consistent recording of people's personal care. For example, where staff were recording people's bowel movements, it was not always possible to tell if people required medical support with constipation. This was important as some people were assessed as requiring as required (PRN) laxatives, and staff were not always able to see when these may be required.

These concerns constituted a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks associated with the environment such as fire, electricity and water were checked and mitigated.

Preventing and controlling infection

- There had been significant improvements in the standard of cleanliness in the home since our last inspection and we found the home, and equipment people used, was clean.

Learning lessons when things go wrong

- People and relatives gave us examples of improvements that had been made to their individual care

based on feedback they had given.

- Accidents and incidents were recorded and reviewed by the registered manager.

Systems and processes to safeguard people from the risk of abuse

- Without exception, people told us they felt safe. One person said, "Yes I feel very safe. There are always two staff when I get hoisted."
- Staff we spoke with had good knowledge of safeguarding, including types of abuse and how to report any concerns.

Staffing and recruitment

- The registered manager said the recruitment procedures they followed remained the same as the last inspection. They explained they continued to ensure references and relevant checks were sought prior to staff commencing work.
- They had made improvements to the induction process and this was more thorough and included further competency checking of new care staff.
- People and relatives told us there were enough staff to meet people's needs, and we saw staff available to people throughout our inspection.
- The majority of people we spoke with commented on the high staff turnover in the home.

Using medicines safely

- There was a system in place for ordering and giving people their medicines as prescribed.
- Medicines were given by staff and recorded on medicine administration records appropriately. One person said, "Yes, I'm diabetic and I have to take Metformin. The staff always stay around while I take any medicine." This was further reflected by others.
- There was guidance to help staff give people their medicines prescribed on a when required basis consistently.
- Medicines were stored securely.
- Some information for staff to refer to when giving people their medicines was missing or inconsistent such as identifying photographs and known medicine allergies.
- Audits were in place to check people's medicines. There was a system in place to report incidents and investigate errors relating to medicines.

Is the service effective?

Our findings

At our last inspection of 11 December 2017, the key question for effective was rated requires improvement. At this inspection on 8 April 2019, we found that further improvements were still required and therefore this area remained requires improvement.

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- There were no decision specific mental capacity assessments for people when there was a doubt about their capacity. This included when they had a DoLS application, or when decisions had been made in people's best interests.
- For a person who was unable to consent to staff giving them their medicines and who had them given to them hidden in food or drink (covertly), records did not confirm that there had been an assessment of the person's mental capacity which showed that they lacked capacity to consent.
- People we spoke with confirmed that staff checked with them and asked for consent before delivering care.

Supporting people to eat and drink enough to maintain a balanced diet

- There was not always enough recording and oversight of people's food and fluid intake. For example, one person's daily fluid intake was very low but there was no evidence of establishing a daily fluid target. For another two people who had lost weight, staff had not always recorded what they had to eat.
- One person was not supervised as per their care plan with their meal.
- People received a choice of meals and were positive about the quality of food they received. One person exclaimed, "The food's great. I do enjoy fish 'n chips on a Friday. [Chef] is a very good chef. The presentation of the food is marvellous and [chef] makes lovely gravy. They [staff] tell you what's on the menu and you choose. If you don't fancy anything, they'll do you something else."
- There were snacks and drinks available to people throughout the day.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to see healthcare professionals such as the district nurse, speech therapist, dietician, dentist, chiropodist or GP when they needed.
- Staff did not always consistently follow recommendations given by healthcare professionals and did not always update care plans with these recommendations.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before moving into the home so they could be sure they were able to meet people's needs. This information contributed to the creation of a suitable care plan.

Staff support: induction, training, skills and experience

- Staff received a range of training relevant to their role, and they told us they felt the training was sufficient. It included first aid, manual handling and equality and diversity.
- Further training in mental health could be beneficial in meeting the specific needs of some people living in the service, and the registered manager organised this immediately.
- There were observations of staff conduct which checked their competencies in various areas, such as supporting people at mealtimes.
- Staff told us they had regular supervisions and support when needed.

Adapting service, design, decoration to meet people's needs

- The building was purpose built with people's bedrooms with en-suite toilet facilities, communal bathrooms, lounges and dining rooms on each of two levels accessed by a lift and stairs.
- The service had a rolling programme of environmental updates and improvements. There had been many redecorated rooms and new en-suite toilets and the development of a sensory room, and the building was well-maintained.
- There was a communal accessible garden.

Is the service caring?

Our findings

At our last inspection of 11 December 2017, the key question for caring was rated requires improvement. At this inspection on 8 April 2019, we found that although improvements had been made, there remained areas where further improvement was needed.

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

RI: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- We observed that three staff walked past one person who was using the toilet with the door open, and they did not take action to go in and support the person, as per their care plan, or to close the door to maintain the person's privacy and dignity.
- People we spoke with said staff respected their privacy. One person said, "When I have a shower they [staff] quickly cover me up and then dry my legs."
- Staff supported people to maintain as much independence as possible, and people confirmed this to us.

Ensuring people are well treated and supported; equality and diversity

- Comments about staff included, "Yes, they're [staff] always respectful" and, "The staff are polite to me." Another person described them as, "Kind and compassionate".
- We saw patient, kind and caring interactions take place between staff and people throughout the day.
- One person told us, "If I cry, [staff] sit and chat to me." People's emotional wellbeing was well covered in their care plans. Staff reassured people when needed.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt listened to. One person said, "All the time, yes. If you have a sensible suggestion for something being done better or differently, this happens very quickly. The staff response is very good. [Care Coordinator] and the carers are very good. Indeed I have great confidence in them."
- The relative we spoke with said staff contacted them appropriately and in a timely way if any incident or accident had occurred involving their family member. They also said, "I'm very much involved with [relative]'s care."

Is the service responsive?

Our findings

At our last inspection of 11 December 2017, the key question for responsive was rated requires improvement. There was a repeated breach of Regulation 9: Person-centred care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 8 April 2019, this domain had improved and was now Good and there were no breaches.

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Activities provision was much improved since the last inspection and people had access to a range of activities. One person told us, "I enjoy gardening and cooking. I normally join in. It's flower arranging tomorrow, that'll be good." There was also regular visiting entertainment such as singers.
- People's care plans had some very person-centred areas, but in some areas care plans were not accurately and meaningfully reviewed and kept up to date, and they were not always followed by staff.
- People were positive about the care they received and felt their needs were met as and when they preferred. One person confirmed, "Yes. We saw [registered manager] in the office and she went through everything – likes and dislikes. The staff came in when I was getting settled to hear what was required." Another said, "Yes I tell them what I want. The manager saw me. I have a shower three times a week."
- Everyone we saw had access to a call bell and told us that staff came to support them in a timely way.

Improving care quality in response to complaints or concerns

- People told us they felt they could speak to staff if they had any concerns. One person confirmed, "Oh yes. Yes I can talk to them if I'm worried about anything." Another reflected, "I know who to go to, yes. No, I've never raised anything."
- The registered manager told us about some informal concerns which had been brought to their attention and resolved satisfactorily.

End of life care and support

- End of life care plans were thorough and detailed. People told us they could speak to staff if they had any concerns.

Is the service well-led?

Our findings

At our last inspection of 11 December 2017, the key question for well-led was rated requires improvement. There was a repeated breach of Regulation 17: Good Governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 8 April 2019, this domain remained requires improvement due to further work required. There remained a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The management team had not always ensured the service kept up to date with relevant legislation such as the MCA, which resulted in the service not being fully compliant.
- They had not always sought advice in areas such as GDPR and MCA to establish suitable methods for the home.
- There were not always accurate up to date records in people's care plans and risk assessments and there was limited oversight of daily records.
- Despite improvements having been made in some areas of oversight, such as the cleanliness of the home, other areas, such as records, required further auditing.
- The home had worked with a consultant to make some improvements, but had received and followed some guidance which had not been in line with current legislation. They had not contacted other external agencies such as CQC or the local authority to check this.

These concerns constituted a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People were positive about the home and happy living there. One person told us, "The staff are thoughtful all the time. They look after me very well."
- Without exception, people told us that the registered manager was visible and available. One said, "Yes she's always around the home. We often chat. I see her regularly." Another told us, "Yes. You can't fault [Registered manager] and [Secretary]. You can happily go and speak to either of them."
- We asked people if they would recommend the home. A relative said, "Yes, without a doubt. I recommended the home to my friend whose Mother is needing care."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were quality assurance questionnaires, last completed in 2018, which were positive about the care provided. A relative said, "There was a survey in 2018, not been one yet this year but it's only April. I think the home are happy to listen to any suggestions or opinions."
- Staff ensured they asked people if they were happy with their care. One person told us, "[Care coordinator] often asks questions to find out how things are."
- There were meetings for people living in the home where they could discuss the service. One person told us they did not get any feedback following these meetings. However, another said, "Yes I know what's going on. [Registered manager]'s very good at communication."

Continuous learning and improving care

- The service had made the improvements they said they would make since our last inspection. However there were some areas where improvements were needed which had been overlooked.
- Following our inspection feedback, the registered manager introduced further training for staff in record keeping and dignity.
- One person told us of improvements that had been made since the last inspection. One person told us, "The three activities people are a real improvements."