Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Sunnymede

4 Vandyck Avenue, Keynsham, Bristol, BS31 2UH

Tel: 01179863157

Date of Inspection: 14 October 2013

Date of Publication: November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Management of medicines	✗ Action needed

Details about this location

Registered Provider	Woodland Healthcare Limited
Registered Manager	Mrs. Bernice Currey
Overview of the service	Sunnymede Nursing Home is registered with the Care Quality Commission to provide accommodation for people who require nursing andpersonal care.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 14 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

The purpose of the inspection was to review areas of concern which had been raised with the Commission in relation to the care and welfare of the people who lived at Sunnymede Nursing Home. Other areas of expressed concern included how people's consent was obtained before care was given and medicine administration.

We spoke with eight people who used the service. All the people we spoke with told us staff were approachable and treated them with respect and maintained their dignity. One person told us "even though they know me they don't take it for granted. They are very good". People told us they could make choices about their day to day lives such as what time they wanted to get up or go to bed or if they wanted to take part in the activities in the home.

People we spoke with were happy with the care provided. One person who lived at the home told us "I'm very happy, the staff have been very good, and they do things the way I want things to be done ".

We observed care staff were attentive, polite and sought consent before providing care and support.

Although most people told us they were satisfied with the care they were getting in the home, we found there were minor issues which could impact on people. For example, provider did not have appropriate arrangements in place for the recording, safe keeping and safe administration of medicines.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 29 November 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is

taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.
We observed staff talking to people and offering choices about meals, drinks and care and support. This was done in a supportive and friendly manner which people responded positively to. One person told us "The girls are good, they do everything to I asked them to do very well. I am very lucky to be here. This place is good".

People told us that staff explained all procedures and treatment to them and respected their decisions about care. One person who used the service told us said "I am happy with my care. The staff respect my wishes". Another person told us. The staff are good they are always there for you". I feel quite safe here". Another person told us "staff respect my wishes even though they know me they don't take it for granted. They are very good".

Information in the six care plans we looked at showed the service had assessed some people who used the service as to their capacity to make their own choices and decisions around care. The assessments were recorded in each person's care plan. For example one person who used the service wanted to remain as independent as possible. They had been assessed as having capacity to make their own decisions with regard to their care and wellbeing.

We saw in the person's care plan that sometimes they refused to adhere to the management plan or care support from the staff. Their care plan recorded a recent challenging behaviour and refusal to adhere to their plan of care. Their decisions were documented and respected by the staff. We saw evidence that a management plan was in place should the individual refuse care and treatment. This gave staff advice on how best to support the person whilst respecting their rights.

The manager told us that when necessary, a best interest meeting was held to discuss a person's care and treatment. Best interest meetings took place when informed choice

cannot be made by the individual, and included the views of all those involved in the individual's care. We saw evidence in one care plan where a best interest meeting had taken place to discuss the care and treatment of the individual with input from the individual's GP, family and the community mental health team.

The manager told us at a discussion that staff had attended training courses covering The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DOLs). We saw that a refresher course on the above subject had been booked for all staff on 5 November 2013. This was displayed on the notice board for staff.

There was a range of literature available within the service with regard to MCA, DOLs, advocacy and safeguarding of adults from abuse. The manager told us this would be displayed in the entrance hall for easy access for staff, visitors and people who used the service.

Discussions with people who used the service indicated that no one who spoke with us used an independent mental capacity advocate (IMCA). We saw that the information was available if needed. We saw documentation in people's care plans that stated families or solicitors had been chosen by people to handle their finances and act on their behalf. One person told us "I can make my make my own decisions but I have a solicitor who handles my financial affairs. I am happy with this arrangement. It is easier that way".

Care and welfare of people who use services ✖ Action needed

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

The provider had not taken steps to ensure that all the people living at the home were protected against the risk of inappropriate care and treatment. The risks associated some people's conditions in relation to bed rails and weight loss had not been effectively assessed and managed.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke with eight people who used the service. All of the people we spoke with told us they were happy with the care and support that had been provided. They told us care workers and nurses were kind and patient and people had received the support they needed when they needed it. One person told us "the girls are good to me. They look after me well here". Another person told us "The carers are very good. I am very happy here" and "the carers are wonderful here , I am very happy the staff have been very good, they give me all the support I need". People told us that the staff always took the time to listen to them.
We saw care workers and nurses were attentive, they provided support to people in a timely manner, showing patience and understanding.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at six care plans belonging to people who lived at the home. Some of the plans contained relevant details relating to the person's life including an advanced care plan and information about communication, dietary needs, mobility and risk assessments.

Care workers and nurses we spoke with felt that they had the skills and experience they needed to meet the needs of the people who lived at the home. They were able to explain to us what they would do in an emergency situation and told us that there was always a senior nurse on duty or on call to go to if they needed advice.

We saw most people were receiving care which was designed to meet their specific needs. The care provided was with sensitivity and patience. For example we observed a nurse was patient with a person who displayed a challenging behaviour. The nurse was

not only patient but was also sensitive whilst attending to the person's needs .We heard staff talking to people who lived in the home with warmth and understanding. This meant that staff has the skills that met people's needs.

We saw that the home had proactive strategies in terms of managing people whose behaviour was challenging to staff and others. For example, we saw from the records that one person was accommodated on the ground floor due to their challenging behaviour. The nurse told us that this was to monitor their behaviour and to minimise their risk to other people and staff. This meant the provider had taken steps to minimise potential risks to people's safety and welfare.

We observed people eating their midday meal were not rushed and were given support and time to eat at their own pace. People were encouraged to eat independently. We saw staff helping people to eat their meals in a sensitive and dignified manner,

Care and welfare was not always planned and delivered in a way that intended to ensure people's welfare and safety. We looked at six care plans. We found that each person had their own individual plan of care which included assessed needs, risk assessments and information about health conditions they had. These records were up to date. We saw risk assessments which identified the risks that were associated with people's physical needs and health conditions. These records enabled care staff to ensure the safety and well-being of the people they cared for. We saw risk assessments had been completed in respect of managing falls, personal care and mobility.

However, these risk assessments were not detailed in relation to the actions required to help staff minimise or eliminate the risk. This meant there was a risk that staff had not been given clear guidance and direction about how to ensure the safety and wellbeing for each person. For example, some people had bedrails without detailed risk assessments to ensure their safety and to prevent entrapment and injury.

The provider explained that the reason there was no detailed risk assessment of the bedrails was because they were built into the profiling bed. Bedrails risk assessment should be detailed and tailored to the individual to ensure that the person's needs were met. This meant the provider had not taken steps to ensure potential risks to people's safety and welfare had been assessed and planned for. The manager told us they would implement a detailed risk assessment specific to the individual's need with person or their representative.

We saw that a falls risk assessment had been completed for each person on admission to the home. We saw that two of the people we looked at their care plans had been assessed as having a high or medium risk of falls. We saw that the risk assessment forms stated that a care plan should be implemented if a medium or high risk of falls was identified. However the falls care plans in place were not detailed to provide guidance to staff on how the risk was to be managed for these people. This meant the provider had not taken steps to ensure potential risks to people's safety and welfare had been assessed and planned for.

We also found risk assessments had been included in the general risk assessment in regards to malnutrition. Monthly weights were recorded in the care plans that would alert staff to any significant weight gain or loss so that appropriate action could be taken. However, we noted that one individual had lost eight kilograms between April and September 2013. There was no care plan in regards to this weight loss. This meant that

the care and welfare of this person had not been dealt with in an appropriate manner.

We saw fluid balance charts were used for a person at risk of dehydration. This was intended to record all fluid intake and, if appropriate, how much urine was passed. We saw that there was no guidance for staff on how often the person's charts should be completed. There were no entries for some dates and no record of output to ensure that the person health was well managed. This meant the provider had not ensured that plans of care, treatment and support had been implemented to promote people's wellbeing and welfare in relation to dehydration.

Management of medicines ✖ Action needed

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was not meeting this standard.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the recording, safe keeping and safe administration of medicines.

We judged that this had a moderate impact on people using the service and action was needed for this essential standard.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People we spoke to did not have any concerns with how their medicines were looked after. Two people were able to look after their inhalers to help their breathing if they needed them. Two people told us that they were able to ask for, and would be given, pain relieving medicines prescribed for them if they needed them. We saw staff asking people if they needed medicines prescribed when required for pain relief.

We saw some people being given their medicines in the morning and at lunchtime in a safe and respectful way. However some people were not given their morning medicines until ten o'clock . Staff then started giving people their lunch time medicines soon after mid-day. This meant that although people would have the correct number of doses of medicine in the day, they may be given some medicines too closely together. This increased the risk that they would not gain the maximum benefit from their medicines.

Staff told us that one person did not always want to take their medicine and found it difficult to swallow them with a drink. Staff described how they helped this person to take their medicines. They said that they had been advised how best to do this by healthcare professionals looking after this person. However there was no written record of this advice. There was no written information for staff about how best to give this person their medicines. This increased the risk that this person would not be given their medicines in a safe and consistent way.

Arrangements were in place for recording medicines given by staff. The pharmacy provided printed medicines administration record sheets for staff to complete when they had given people their medicines. We saw some gaps in these records. One person's record for a medicine given in the evening had only been completed on three days out of 19 for the current month. Only one medicine was still in the blister pack for this period. We

saw that several people prescribed creams or ointments had no record of whether they had been applied. We were also told that there was no formal way to record creams and ointments that were applied by care staff in people's rooms. It was not clear that people benefitted from having these medicines as prescribed for them.

Some people were prescribed medicines to be given 'when required', for example medicines for pain or for anxiety or agitation. We saw some information available for staff with people's medicines administration record sheets to help staff give these medicines safely. However this was not always in place and in some cases the information was not up to date. This increased the risk that people may not be given these medicines safely.

Arrangements were in place for the secure storage of medicines. However we saw that on some occasions staff left medicines in open areas which could be accessible to anyone in the home. A medicines fridge was available. Staff recorded the minimum and maximum temperature each day. At the time of our inspection the current temperature was in the safe range for storing medicines. However on many occasions the recorded temperatures were not in the safe range for storing medicines. There was no record that any action had been taken to address this or to check that the temperatures recorded were correct. This meant that staff could not be sure that the medicines were safe to use.

Separate, more secure, storage was available for controlled drugs which need additional security. We checked the medicines held with the records and found these to be correct. However we saw supplies of medicines for several people no longer using the service, which had not been suitably disposed of. Records showed the last time staff had checked all the stock was June 2013. Systems in place would not allow mistakes to be discovered in a timely way. This increased the risk that these medicines could be misused and cause harm.

Staff had carried out a home pharmacy audit in August 2013. This checked a sample of medicines including some controlled drugs and records of administration. This had not highlighted any significant issues. The home's pharmacy had also made a check of medicines handling in June 2013. This had identified some areas for improvement. We saw that action had been taken to address most of these.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010** **Care and welfare of people who use services**
	How the regulation was not being met: The provider had not taken steps to ensure that all the people living at the home were protected against the risk of inappropriate care and treatment. The risks associated some people's conditions in relation to bed rails and weight loss had not been effectively assessed and managed. We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Regulation 9 HSCA 2008 (Regulated Activities) Regulation 2010.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010** **Management of medicines**
	How the regulation was not being met: People were not protected against the risks associated with medicines because the provider did not have appropriate

This section is primarily information for the provider

	arrangements in place for the recording, safe keeping and safe administration of medicines. We judged that this had a moderate impact on people using the service and action was needed for this essential standard. Regulation 13 HSCA 2008 (Regulated Activities) Regulation 2010.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 29 November 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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