

Woodland Healthcare Limited

Sunnymede

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Sunnymede is a residential care home providing personal care without nursing for up to 34 older people. At the time of our inspection there were 22 people using the service. Most people had dementia and limited verbal communication. The home had recently been assigned some beds by the local authority for respite following a hospital stay. One person was currently at the home in relation to this.

The care home is over three floors of a converted Victorian style home. Bedrooms can be found on all floors. There are multiple communal areas on the ground floor including a living room, dining room and separate quiet lounge. The quiet lounge had also been converted to a visitor's room during the COVID-19 pandemic.

People's experience of using this service and what we found

People were still not being supported by a staff team that had been through safe recruitment. This was despite a new system put in place by the provider. People were supported by enough staff to keep them safe. Although the fulfilment of their day was impacted by the provider's struggle to employ an activities coordinator.

Improvements had been made since the last inspection in the quality auditing systems completed by the management. Quality assurance systems were now in place for a range of areas in the home. However, the system was not always being completed and analysed effectively.

Care plans and risk assessments were personalised. However, there were inconsistencies in the amount of detail provided.

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

People were supported by kind and caring staff who respected them and knew them well. People could choose where to spend their day. Those in their bedrooms had access to a call bell.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 March 2021). At this inspection we found improvements had been made and the provider was no longer in breach of regulations except around recruitment of staff. This service has been rated requires improvement for the last five consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe recruitment of new staff at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Sunnymede

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three inspectors visited the site. An Expert by Experience made phone calls to relatives during the inspection. 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

Sunnymede is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sunnymede is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people in various levels of detail. We completed a range of observations including focussing on specific individuals. We spoke with seven members of staff including the registered manager and 10 relatives were spoken with on the telephone. One visiting professional was spoken with.

We reviewed a range of records including nine care records and multiple medicine records. We looked at three staff files in relation to recruitment and supervision records. A variety of other records were reviewed on site relating to the management of the service including health and safety and quality files.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and records relating to the care and support people received.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant 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.

Staffing and recruitment

At our last inspection the provider had failed to complete recruitment in line with current legislation to protect vulnerable people. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- The provider and management had developed new systems since the last inspection to check all new staff going through recruitment. This included potential new staff having files checked by someone at head office. However, concerns were still found with the recruitment process of newly recruited staff.
- We still found inconsistencies in recruitment records despite these additional checks. When checks had been made by the management it was not always clear why a change had been made on an application form. Neither was it clear why references from previous employers did not match application forms.
- The registered manager told us they would review the issues. They put a plan in place to immediately reduce the risks of staff working with vulnerable people whilst these issues were resolved.

Systems were still not ensuring people were supported by staff who had been through a safe recruitment in line with legislation. This placed people at risk of harm. This was a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by enough staff to keep them safe and meet their needs such as getting up, getting a drink and eating meals. Many of the staff had worked at the home for a long period of time ensuring consistent care for people. Relatives comments included, "I do recognise a lot of the staff. They seem to be regular staff who have been there a while," "When I visit if [person] needs the toilet they do come quite quickly" and, "The staff are always very busy, but they deal with one thing at a time."
- The home had some staff vacancies in key roles. Where possible, the management had put arrangements in place to limit the impact to people. However, there was no activity coordinator and limited alternatives had been put in place. People were seen sitting in communal areas with minimal interaction for long periods of time. The registered manager explained due to the national staff crisis in care they were struggling to replace the activity coordinator. They would look at further empowering staff to have time to spend with people outside of tasks.

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and assessed. However, the quality of risk assessments was inconsistent which meant it could place people at risk of harm for some health conditions.
- People at risk of malnutrition had plans that were either unclear because staff had amended details, had incorrect details or were incomplete. This placed them at risk of becoming malnourished or incorrectly supported.
- Risks had not been fully assessed for some health conditions to provide guidance for staff to follow. This meant they were at risk of inconsistent or unsafe care. For example, one person with a catheter lacked guidance about best practice to mitigate the risk of infection. Another person was recorded as having a seizure. There were no details for staff to follow to keep them safe in the event of a seizure. Staff appeared to have knowledge of these issues despite the lack of guidance. The registered manager assured us they would review care plans and updated us during the inspection of action they had taken.
- People at risk of pressure ulcers had care plans detailed how to reduce the risk of this happening. Air mattresses were in use and were set correctly and position charts demonstrated people were repositioned in line with their care plans.

Learning lessons when things go wrong

- Systems were in place to record accidents and incidents that happened at the home. Action was taken including referrals to other health and social care professionals. Monthly audits were now being completed by the management. However, it was not yet clear how much analysis was occurring for patterns or trends to learn lessons. The registered manager accepted this was the next step they needed to take.

Using medicines safely

- Medicines were not always managed safely even though improvements had been made. For example, staff at night had been trained to administer pain relief. Staff took time to administer medicines and knew people's preferences. Relatives told us, "They are very good at making sure [person] takes [their] medication and that is not always easy" and, "No issues with any medications."
- Storage systems for medicine placed them at risk of damage due to high temperatures. The room medicine was stored in was too high a temperature on multiple occasions including at 09:30 in the morning. Action was taken immediately when this was highlighted including moving the medicine trolley and putting on a small air conditioning unit. Staff told us the room did get warm during the recent extreme heatwaves despite records stating it had not gone above the maximum safe temperature for medicines. The registered manager told us they were considering relocating the medicine room in the house for better ventilation.
- Issues were still found with 'as required' medicine to ensure they were consistently administered, and records were accurate. The registered manager acted during the inspection to improve this.
- Staff competency for medicine administration was checked to ensure safe and best practice was followed. However, administration of medicines by staff during the inspection was not always following best practice. Once the inspection team identified this the staff member immediately rectified the issues. Staff had previously been trained and assessed as competent to inject insulin. However, this had not been checked for this specific resident. The registered manager took action during the inspection to liaise with the district nurses.

Preventing and controlling infection

- The management had systems in place to facilitate people having visitors and staying in touch with those important to them. Visits occurred throughout the inspection including one family being provided with some lunch. Special arrangements were in place for some people who became distressed meeting in the room set aside. Relatives were positive they were able to spend time with their family. However, some felt they would like more freedom to see family members in line with current guidance. We shared the most up to date visiting guidance with the registered manager.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People were comfortable in the presence of staff. Relatives said, "This place is a 'home away from home' and we really trust them," "I think she is safe" and, "I think it is wonderful and [person] likes it there."
- Staff supporting people understood how to recognise potential abuse. Systems were in place to manage potential abuse. This included sending alerts to other organisations to provide additional oversight.

Is the service effective?

Our findings

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.

At the November 2019 inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At the inspection in November 2019 the provider had failed maintain complete, accurate and up to date records of people's care and treatment. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People's needs were assessed prior to them moving into the home. Comments from one relative included, "When [person] first went in they took a lot of information like family history and what she likes and things like that." Some other relatives felt this process was not as clear as it could be, was started by a social worker or were unaware this happened.
- Action was taken when people's needs changed. Staff knew people well and were able to recognise the changes. During the inspection one person's health declined and action was promptly taken.
- There was a risk changes to people's needs were known by staff and not documented as timely as they should be. For example, one person's eating and drinking assessment was changed and the new speech and language therapist assessment was not in the person's care plan until the first day of the inspection.

Staff support: induction, training, skills and experience

- People were supported by staff who had received a range of training. Comments from relatives said, "They use a hoist to transfer [person] and they seem good" and, "[Person] has to have a hoist. The staff are tested on using the hoist when they are trained." Throughout the inspection staff were attentive to people.
- Staff were having their competency checked to ensure their practice was up to date, safe and in line with best practice. The management checking people's competency had not completed training in line with this. Though the management had recently completed the same training as other staff with a new training provider.
- New staff had an induction, completed the provider's mandatory training and worked alongside experienced, knowledgeable staff. However, if they were new to care the management had not been using The Care Certification. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. The registered manager told us that all staff are offered the opportunity to complete Diploma's in health and social care. They accepted this was not in the first few weeks though.

We recommend the provider consider current guidance on using the Care Certificate, or its equivalent, for

staff new to care and take action to update their practice accordingly.

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

- People were supported enough to eat and drink. All people appeared to enjoy their food and were given options. Although, staff were not always showing people or using the visual prompts to help them choose at mealtimes if they struggled with memory or verbal communication. The registered manager confirmed staff should be doing this. Throughout the day food and drink was offered to people and care plans contained people's preferences.
- Relatives were positive about the food that people were offered. Comments included, "No complaints about the food from [person]. Decent size plates of food," "They are good with food. For example, once she did not want white bread and so they went and bought a loaf of brown bread just for her" and, "I think [person] eats well and she loves her tea and cake."
- On the first day of the inspection, the provider held a taster session with a new company who was going to supply food to the home. Staff members were learning how to prepare the food and people were asked for their opinions. The registered manager told us this was one of multiple sessions to ensure people felt part of the change.

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

- People were supported by staff and a management who helped them seek support when their health needs changed. During the inspection, one person was being assessed and supported by physiotherapists. The GP visited weekly to review any non-urgent health needs for people and there were regular visits from the district nurses.
- Comments from relatives demonstrated staff and the management's ability to involve other health and social care professionals. These included, "[Person] has to go to hospital clinics for check-ups and scans and either a member of staff will take him or I will" and, "The doctor checks [person] regularly and I have met the doctor a couple of times... The home always call me if the doctor has been in."
- Records demonstrated that staff were recognising when other health and social care professionals needed to be contacted. Examples were seen when someone had a catheter issue which was managed well and for another person whose health declined suddenly.

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

- People could personalise their bedrooms with pictures and objects important to them. One person showed us their knitting and crochet they were working on. They then talked us through who in their family had created all the pieces of art around their bedroom.
- Other people had photographs of family members and pets they had owned. There were ornaments on shelves for some people.
- Areas of the home had been decorated since the last inspection. Outside the front of the home seating areas had been created. Relatives were seen enjoying these with their family members during visits. There was a new area for staff to relax in during their breaks. However, a toilet seat was missing in their new shower room.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were encouraged to make choices whenever possible throughout their day. If people lacked capacity to make specific decisions, then it was clearly documented including a best interest decision and who was involved.
- Some people had bed rails in place. Risk assessments had been completed and the risks associated with the use of bed rails had been discussed with people as part of the consent process.
- People who required them had applications made for DoLS. These were being followed up by the management. Those that had been authorised had no conditions.

Is the service caring?

Our findings

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

At our November 2019 inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind staff who treated them with respect. Throughout the inspection we saw positive, caring interactions with people from the staff. This included checking in with them and asking how they were. Ancillary staff knew people by name and always made time to greet people even if walking past.
- Relatives were very positive about the staff who supported their family members. One relative said, "The carers love mum. They really do. She has a wicked sense of humour and they chat and laugh together." Other comments included, "[Staff] are very kind to her. The girls are lovely, one in particular is very kind", "[Staff] know Mum and they chat to her. The carers are very nice and always very friendly" and, "[Person] is happy with the care and he loves the carers."
- The management led by example and were passionate about ensuring people received the care they should. Both the registered manager and deputy manager became emotional when reflecting on people at the home. They knew people well and were regularly walking around the home greeting people.

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

- People were supported to make decisions in the home. They could choose where they spent their time and what they wore each day. Staff were seen asking people where they wanted to eat at mealtimes and which option they would like.
- One relative explained their family member chose to wear linen pyjamas all day because it was comfier in the recent heatwaves. Staff respected this choice they had made. They also supported people to choose where they ate their meals.
- Improvements could be made to ensure staff use a variety of methods to allow people to make informed choices. The registered manager told us there were pictures and staff should show people the plates with the choices. During meals these options were not seen being used by staff. Some people were hard of hearing or had memory issues.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected by staff. Staff knocked on people's bedroom doors prior to walking in. Two members of staff were witnessed supporting a person with intimate care. On their way the person became distressed and staff reassured them including in a quiet way reminding them where they were going.
- People were free to move around the home. One person wanted to return to the lounge after a meal and their walking frame was next to them. Another person was seen going in the garden which they told us was their "morning walk."

Is the service responsive?

Our findings

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

At our November 2019 inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and the management were aware of shortfalls with systems in place to rectify them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the November 2019 inspection, the provider had failed to consistently support people with opportunities for meaningful activities that met their preferences and ensure their needs were met. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. However, some of the progress had been limited by the current staffing crisis in care and the COVID-19 pandemic.

- People were able to spend their time where they liked in the home. Some chose to stay in their bedrooms knitting or watching television. One person liked to spend time in the office with the management helping them with tasks. Another person liked to go for walks in the grounds.
- Organised activities were arranged for people to participate in. This included celebrations around the Queen's platinum jubilee, a barbecue and entertainers. The COVID-19 pandemic had restricted access to the community with family which was starting to improve.
- The management were in the process of recruiting an activity coordinator to oversee daily activities and one on one sessions throughout the home. Staff were doing their best to spend time with people when they were not undertaking tasks although they struggled. The registered manager accepted they would review this and try to make improvements.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans which were mixed quality with the content. Some of the plans were person centred containing detailed information of the person's preferences and choice for how they wanted to be supported. Although some improvements were required for specific health conditions and guidance around statements of support.
- The management had been working on new elements for the care plans during the COVID-19 pandemic. This included details of how to support people if they were missing their family or scared. They were also creating "All about me" documents which were overviews of the person and things that were important to them. Both documents created a simple overview for new or agency staff to use to support someone.
- There were also plans to reflect current best practice around dementia by creating dementia passports for people. This would be a comprehensive document including people's personal history; cultural, religious

and spiritual background; and favourite places they have lived. Additionally, it would have information about their habits and routines to support staff to understand people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and care plans contained guidance for staff to follow. Further improvements were being planned by the management. However, some options available to support people with verbal, hearing and memory difficulties were not being used by all staff. The registered manager told us they would review this.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise complaints. Comments included, "No complaints, we had an issue, I cannot remember exactly what, but we just went and sorted it with [the registered manager]" and, "If I had a complaint I would go to [the registered manager] first and then I would come to you lot (CQC) and social services. But I do not have a complaint."
- Systems were in place to manage complaints. Although, some relatives felt they had to complain about the same thing multiple times. The registered manager recognised the issues and explained some of it was to do with deterioration of people's health. They would look into specific issues we passed on to them.
- One common concern which had been raised was people were wearing the wrong person's clothes. This meant they were wearing clothes of an inappropriate size. Although, one relative had said this had got better to demonstrate some action had been taken to rectify the issue.

End of life care and support

- End of life plans were in place. Staff had documented people's choices if they had expressed any. When people had chosen not to take part in the conversation, this was respected. Relatives felt they had not been included in these discussions or had no memory of them.
- People's cultural and religious needs and preferences had been documented. For example, in one person's plan it was written, "Would like a blessing from the local vicar if unwell."

Is the service well-led?

Our findings

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent although making marked improvements.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last four inspections, the provider had failed to have systems or had systems that were not robust enough to demonstrate the quality of people's care and safety was effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, it was not yet clear how sustainable or embedded these new systems were to identify poor quality and safety of people's home.

- Systems were now set up to audit a range of areas in the home with an overview of how frequently each area was looked at. For example, health and safety had an audit, people's care plans were regularly being reviewed and medicines had clear oversight. There had been occasions when audits were not carried out at the frequency on the overview. The registered manager told us it was a relatively new system staff were learning and there had been staff shortages.
- Audits fed into an action plan monitored by the registered manager and provider's representative. Some actions identified had demonstrated improvements had been made. For example, training had been booked, cleaning was completed, and people's call bells being answered had improved.
- However, the individual audits were not currently reflecting upon actions they had identified in a previous month. This meant there was a risk improvements could be missed or learning would not be applied in specific areas. Neither was their evidence that patterns or trends were being effectively monitored to ensure learning from things like accidents and incidents were happening. The registered manager accepted this was the next stage of development for their system and had plans to put it into practice.
- A representative of the provider was now providing independent oversight from the home. They had been providing support to the management to help drive improvement. Actions they had identified were being followed up at the next visit.
- The management were responsive during the inspection. When areas for development were identified action was taken to rectify the issue immediately. For example, district nurses were immediately contacted about the insulin that was being administered and updates about changes they had made with some people's medicine records.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People had a positive relationship with the management of the home and clearly knew them well. One person said the registered manager was, "Very nice" and others obviously spent time with them as they were comfortable in their presence.
- Relatives echoed the positive culture the management created. Comments included, "[The registered manager] and [deputy manager] are both very nice", "The manager is very nice and lets me know what [person] needs" and, "The manager is very helpful and I could speak to [them] about anything."
- Staff were positive about the open-door policy that was in the home created by the management. Throughout the inspection staff were in and out of the office and there was clearly no difference to how it usually was. All staff told us they see the home as a second home for them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had improved how open they were with relatives since the last inspection. Relatives confirmed they were informed when something happened to their family members without delay. Comments included, "[Person] did fall about four weeks ago...They called me straight away and the GP came and checked [person]" and, "The home always call me if the doctor has been in."

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

- People and their relatives had opportunities to complete questionnaires. Following the last inspection, the registered manager explained they wanted to improve their communication with relatives. They shared actions they had undertaken to consult relatives and make improvements where necessary.
- One relative confirmed they remember receiving a questionnaire asking for feedback. Other questionnaires were shared with us that had been sent to relatives. Comments included, "I could not wish for a lovelier and more caring place for my mother to be", "Grandad loves it at Sunnymede. No complaints, everyone is lovely" and, "Very happy with the care and the staff are lovely."
- Staff felt supported and listened to by the management. They felt suggestions they made were listened to and, if appropriate, acted upon. However, improvements could be made with the supervisions being completed. There were a variety of different forms with varying questions and topics being used.

Working in partnership with others

- The management were working well with other health and social care professionals. There was regular contact with the GP and they were monitoring people on a weekly basis.
- Recently, the home started working with the local authority to have spaces for people who needed to be discharged from hospital and assessed. Through this scheme the management were working well with other health and social care professionals. During the inspection, one person was being visited to be assessed by physiotherapists. The plan was to help them return home.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Systems were still not ensuring that people were being supported by staff who had been through a safe recruitment.