

Sundial Lodge Limited

# Sundial Lodge Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sundial Lodge is a care home registered to provide accommodation and personal care to up to 48 people. The service provides support to older people. People live in their own flats which have a bedroom, lounge, kitchen and bathroom. However, meals are available from the home's kitchen if people don't wish to make their own food. At the time of our inspection there were 36 people using the service.

The home is spread over several floors and some outside mews type cottages. Outside there is a large patio and a large lawn for people to enjoy.

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

The provider had taken steps to ensure people's safety within the service. People told us they felt safe at the service, "I couldn't feel safer, it's all so good" and "Yes I definitely feel safe, staff come and check on me regularly." There were systems and process in place to safeguard people from abuse.

People's needs were assessed before they moved in, and risk assessments and care plans written once the person moved in.

Health and safety checks were in place, for example about fire safety.

We were assured about how the provider was preventing and controlling infection in the home.

Medicines were managed safely and administered by staff who had been trained to do so safely

There were enough staff employed to meet people's needs and staff were recruited safely. People we spoke to praised staff, telling us, "The staff are kind, always respectful and polite" and "They are exceptionally good and kind, people are never neglected or left." Some people told us staff worked very hard, and they wished staff had more time to sit and talk with them.

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.

The provider had not maintained good governance oversight to ensure audits were kept up to date by the registered manager. The registered manager had recently left and the provider had begun to set up new systems to improve governance oversight, but there had not yet been time for them to become embedded.

People told us they were asked for their views of the service, both in annual questionnaires and at resident meetings. Relatives were happy with the communication they had with the home. People and relatives told us how pleased they were with the service they received.

## Rating at last inspection

The last rating for this service was good (11 October 2017).

## Why we inspected

We received concerns in relation to the management of risks associated with people having falls. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this report.

The provider had reviewed their practice, improved governance systems, changed their criteria for admission, and recognised the need to support people to move elsewhere if the service assessed they could no longer meet people's increased needs.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sundial Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.  
Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our well-led findings below.

# Sundial Lodge 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. 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

The inspection was carried out by 1 inspector and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Sundial Lodge is registered as 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. Sundial Lodge 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post, as the registered manager had recently left. The provider was currently advertising and interviewing to fill the post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 4 May 2023 and ended on 18 May 2023 We visited the location's service on 4 May 2023, 5 May 2023, and 11 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 contacted Healthwatch to see if they had any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 relatives, 14 people who used the service, 7 staff and the provider. We reviewed 7 peoples' care records, risk assessments and medicine records. We looked at 2 staff files about recruitment and a variety of records relating to the governance of the service, for example, some policies, and health and safety checks.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People told us they felt safe living at the service, for example, "I definitely feel safe, the staff come and check on me regularly." Relatives also told us they felt their family member was monitored to ensure they were safe, for example, "[Person's name] is very safe there, there are always staff on hand, she has an emergency call button if she needs anything, they go in and check in on her every hour or 2." Another relative told us "[Person's name] has a call bell around her neck, she calls it anytime and they immediately come."
- The provider assessed risks for people before they moved into the service. The provider was working to make these assessments more detailed. For example, to take into account the layout of the building. People sometimes stayed at the service for a trial period before deciding if it was somewhere they wanted to live. Care plans were written once the person moved in and were reviewed monthly to ensure the detailed information within them was up to date. Staff knew people well and told us the care plans gave them the information they needed to support people.
- Falls risk assessments were in place to manage risk for people. Falls management included the use of mobility aids, sensor alarms and regular checks as needed.
- People told us they could get help when unwell, "It's not been a problem so far."
- Health and safety checks were undertaken and were in line with legal requirements in order to ensure people's safety, for example, maintenance and testing of the fire safety systems.

### Staffing and recruitment

- Staff told us there were enough staff to meet peoples' needs. There were systems in place to call in extra staff if needed, for example some domestic staff were trained so they could provide care if necessary, and sometimes agency staff were used to ensure there were enough staff to meet peoples' needs.
- Staff told us they sometimes felt rushed, and some people told us they wished staff had more time to sit and talk. Some people told us, "The staff are very good, we're always laughing." We observed warm humorous conversations between people and staff.
- Staff were recruited safely. For example, staff were not allowed to work on their own with people until information had been received about their DBS check and that it was safe to do so. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- Medicines were managed safely at Sundial Lodge. They were stored in line with manufacturer's guidance, for example, refrigerated where needed or under locked conditions where indicated.

- Where people had capacity to and wanted to, they managed their own medicines. Where staff administered medicines, they had all been trained to do so safely and in line with guidance.
- People told us staff managed medicines well, for example, "They are very organised with the medications, the home arrange everything, even down to my eyedrops" and "The home manage my medicines, it's always on time."

#### Preventing and controlling 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 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 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

- The service had systems and processes in place to safeguard people from the risk of abuse. Staff received training in safeguarding and were able to identify what would be a safeguarding concern.
- There was safeguarding policy in place at the service that staff could access. Staff were confident about identifying safeguarding issues, and knew how to report safeguarding concerns.
- People told us they felt safe living at the service. One person told us, "I couldn't feel safer, it's all so good." Relatives told us they felt their loved ones were safe at the service, with one family member telling us, "[Person's name] is happy, settled and safe. I never have to worry about her. The staff are very attentive and I've got no health and well being issues with her."

#### Visiting in care homes

- People were able to have visitors when they wished. During the inspection there was a celebration underway with many visitors welcomed to the home.
- One relative told us, "The communication I get when I go in from the care staff is lovely, never had any issues whatsoever."

#### Learning lessons when things go wrong

- The local authority had expressed concerns to us about the provider's management of falls and identifying emerging risk. However, the provider told us as a result of input from the local authority around falls awareness, they had reviewed their ability to meet people's needs in this area. They had changed their criteria for admission and recognised the need to support people to move elsewhere if the service assessed they could no longer meet people's increased needs. They were in the process of amending their documentation to reflect this change and were putting better systems in place to identify emerging risk for people around mobility.
- Incidents and accidents were recorded and investigated. For example, a complaint about the behaviour of a member of staff had been managed well.

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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- There were valid mental capacity assessments in place for people where necessary, for example, for the use of bed rails.

# 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 good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had been without a registered manager for a very short time and the provider was actively seeking a replacement.
- The provider had not maintained good governance oversight to ensure audits were kept up to date by the registered manager. The registered manager had recently left the service, and the provider had begun to set up new systems to improve governance oversight, but there had not yet been time for them to become embedded. For example, an audit of medicines which had identified where medicines recording required improvement.
- We discussed with the provider the need for robust oversight of the service to inform about emerging trends and for learning and development within the service. The provider would then be aware if the registered manager was carrying out their role effectively. For example, to ensure records about fluid intake and pressure care were accurate and consistent, to ensure cleanliness relating to pets and to maintain a falls audit to identify patterns and trends and document actions taken for falls prevention. The provider did not use a dependency tool in relation to staffing levels based on peoples' needs rather than numbers. This would ensure staffing levels consistently met peoples' needs. People commented on the 4 week menu being repetitive. All of these issues were being addressed by the provider.
- The provider was aware of the requirement to notify CQC and the local authority teams where appropriate, and had done so.
- There were appropriate policies and procedures, and during the inspection the business continuity plan was implemented effectively when power to the service was cut for a short period.

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 provider was aware of their responsibilities to be open and transparent when something went wrong.

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

- People were asked for their views about the service. For example, people told us they had been given a questionnaire to complete, and there was a residents' meeting planned in the near future. Surveys were sent to staff and visiting professionals. A report was produced to feedback to people when all the information was collated and people could be supported to help them give their views or better understand the feedback.

- Relatives told us the provider was approachable and communicated well with families, for example, "If you need anything you can go into his office and he is very accommodating." Another relative told us, "The care given to my mother is exceptional. The staff look after [person's name] and have people to calm [person's name] when they become emotional."
- Staff told us they all worked together well as part of a team, and there was a very supportive atmosphere.

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

- People told us they were happy with the service they received. For example, "It's a good home, nice food, I'd recommend it. It's the care and general feeling of being looked after" and "My friends think it's very good, they are impressed I've got a flat compared to other homes." Another person told us, "It feels like home." One person told us "I've told my daughter to put her name down." People told us they could ask for food (in addition to meals) whenever they wanted to, "You can go to the kitchen and ask for anything you want...at any time."
- People were supported to be independent where they could be and were supported when they needed more help. For example, 1 person told us "More help has been offered but I want to stay independent as long as possible" and "I'm independent, I do everything for myself".
- Relatives were happy with the outcomes for the family member. For example, 1 relative told us their loved one was able to take part in religious ceremonies that were important to them.
- An external health professional told us, "They [the staff] love their residents and it shows, they do a really good job."

Working in partnership with others

- The provider worked effectively in partnership with others, including external health professionals. One community nurse told us the home was, "Very good at checking pressure areas and alerting us" and staff were "Very good at receiving advice and following through."
- People told us staff called the GP for them if they needed an appointment, with 1 person telling us when they moved in and were particularly unwell, "The staff here were good at getting me the help I needed."
- The provider told us they had helped 1 person engage a solicitor to support them with a legal issue.