Jewish Care

# Sunridge Court

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

About the service
Sunridge Court is a residential care home which was providing personal care to 36 people at the time of our inspection. All people living at the service were older people, some of whom had dementia. The service can support up to 44 people in one adapted building over three floors.

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

Medicines were managed safely. However, we have made a recommendation about best practice with regards to recording loose medicines upon admission. There were systems in place to help protect people from abuse. Infection control practice sought to keep people safe from infection and visitors to the service were permitted. People's risks were assessed and monitored. People told us there were enough staff working at the service. Recruitment processes were robust. Lessons were learned when things went wrong as incidents were recorded and actions completed to keep people safe.

People's needs were assessed in line with the law, prior to their admission. Staff received induction and training, so they knew how to work effectively with people. Staff were supported in their role through supervision. People were supported to eat, drink and maintain healthy diets. Staff communicated effectively with other agencies, including health care services, to ensure people received good care. The provider had adapted the building to ensure it met people's needs and people could decorate their rooms as they pleased. 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's choices were respected, and decisions made in their best interests.

The service was caring. People and relatives thought staff were caring. People were supported to express their views. People's privacy and dignity were respected, and their independence promoted.

Care plans were person-centred, and staff knew what people liked. People's communication needs were met. People were able to take part in activities they could enjoy. People and relatives could complain and when they did, complaints were responded to appropriately. The service recorded people's end of life wishes and people and relatives were treated with respect and dignity when people approached the end of their lives.

A positive person-centred culture was promoted. People, relatives and staff thought highly of the service and the management team. The registered manager understood duty of candour and acted appropriately when it was felt the service could do better. Staff understood their roles and the registered manager fulfilled the service's regulatory requirements. People, relatives and staff were able to be engaged and involved with the service through meetings. There were quality assurance systems so care could be monitored and improved. The service worked with other agencies to the benefit of people using the service.

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

Rating at last inspection
The last rating for the service was good (published on 28 February 2018).

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Follow up
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?

Good

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

# Sunridge Court

**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 Care Act 2014.

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 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type
Sunridge Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement dependent on their registration with us. Sunridge Court 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 a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well and we used all this information to plan our inspection. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with 5 people who used the service about their experience of the care provided. We also spoke with 3 relatives of people who used the service and asked them their experiences. We spoke with 11 members of staff including the interim head of care for the provider, the registered manager, the receptionist, an administrator, the housekeeper and 6 care staff. We also spoke with 1 visiting health care professional. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 5 people's care records and multiple medicines records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

# 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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Managing medicines safely

- Medicines were managed safely. At our last inspection we found issues with documentation for medicines prescribed as and when required and duplication of administration information around topical (cream) medicines. At this inspection we found there was clear documentation for people who required medicines as and when required, and we saw no unnecessary duplication of information.
- We found information to record newly admitted people with loose medicines could have been better recorded. The registered manager responded immediately to our concern and provided a template for such occasions.
- Staff were trained in medicine administration and completed regular medicines competency assessments. Medicine Administration Record (MAR) sheets were completed appropriately. MARs contained information about people's medicines, dosages and when people should take them. MARs were audited, as were medicine stock and storage, for consistency and to pick up errors; ensuring medicines were managed safely.
- We counted 4 people's medicines and found them all to be in order. We also noted controlled drugs, which have strict legal controls as they can cause serious problems if not used correctly, were stored correctly with adequate systems in place to ensure they were kept safely and administered properly. People and relatives told us they were happy with the support people received with their medicines. One person said, "They give me my medicines, no problem." Another person said, "Staff give out my medication on time every day."

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from risks of abuse. Safeguarding concerns were recorded appropriately, investigated by the registered manager or provider and action taken to ensure people's ongoing safety. This was all in line with the provider's safeguarding policy.
- Staff were trained on how to safeguard people from abuse and were able to tell us what they would do if they suspected it. One staff member said, "Inform the duty team leader."
- People and relatives told us they felt people were safe. One person said, "I feel very safe here.10 out of 10."

Infection Control

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.

● 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.

Visiting in care homes
● Visitors were permitted to the attend service without informing staff beforehand. This was in line with current government guidance.

Assessing risk, safety monitoring and management
● Risks to people were assessed and monitored. The service had electronic care plans in place for everyone living at the service. These care plans contained information about risks to people which were assessed and reviewed regularly. Risk assessments highlighted areas of concerns appropriate to each person. There were actions recorded which could help mitigate risk to people.
● Risk assessments included areas such as mobility, choking and risk of falls. One staff member told us, "Risk assessments are in [electronic care plan]. There is risk assessment for people; check people for falls, not drinking, infection, choking and allergies."
● There were various actions in place to assist mitigate risks. For example, 1 person's care plan stated they were at increased risk of choking. The risk assessment highlighted precaution with feeding and drinking, what types of food should be provided and how staff should work with them.
● Regular checks were made on equipment at the service which staff used with people, such as hoists. Checks were also made to the premises to ensure these were safe for use. This included maintenance checks on gas, fire systems and water. This meant the provider had systems in place to keep people safe.

Staffing and recruitment
● People and relatives told us that usually there were enough staff to meet people's needs. One person said, "Most of the time there are enough." Another person said, "There are just enough staff for this place to work." We also asked people whether staff responded quickly enough when a call bell was pressed. One person told us, "Mostly they respond quickly. Occasionally it takes a long time." Another person said, "Sometimes very quick and at other times very slow."
● We spoke with the registered manager about call bell response and staffing and they told us that there had been issues with the call bell system which they were addressing as well as with the responsiveness of handheld devices, which staff had told us about. The registered manager told us that there had been some changes to the staff team in the previous 12 months as the provider for the service had changed and some staff had left. However, they told us the service was fully staffed and that handheld devices had been recently purchased and we were maintained.
● Staff rotas showed there were enough staff on shift to meet people's needs. There were also systems in place, such as using existing and agency staff to cover shifts, to ensure people's needs were met by staff in a timely manner.
● Recruitment processes were robust. The provider made checks on staff to ensure they were safe to work with people. This included criminal record checks, employment history and identification.

Learning lessons when things go wrong
● Lessons were learnt when things went wrong. Incidents and accidents were recorded so lessons could be learnt, and improvements made when things went wrong. Incidents and accidents records were reviewed by the registered manager and also shared with the provider. Immediate actions were taken to keep people safe. Follow up actions were taken by the management team and provider where required. All actions

sought to keep people safe and limit recurrence of incidents as much as possible.

Good

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 service. This was so the provider and staff could be assured they could meet people's needs. Assessments contained information about people's needs and preferences, their requirements and what was important to them. Assessments formed the foundation of people's care plans.

● Assessments recorded people's protected characteristics, such as race, religion and sexuality. This meant they were in line with the law and sought to ensure people had equal rights.

Staff support: induction, training, skills and experience

● Staff were supported by the provider to fulfil their roles. Staff received an induction when they began working at the service. This included reading policies and procedures, shadowing experienced staff, training and getting to know the people at the service. One staff member said, "I had a 2-day induction and shadowed staff."

● Staff were trained on how to work in their roles. Training was provided online or in person. Training topics included safeguarding, moving and handling and nutrition and hydration. One staff member told us what face to face training they had done recently, "Hoists, standing hoist, moving and handling and putting it into practice." People told us they felt staff knew how to do their jobs. One person said, "[Staff are] all very well trained."

● Staff were supervised in their roles. Records showed staff were able to seek support, further their knowledge and be involved with how care was delivered at the service.

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

● People were supported to eat and drink enough to maintain a balanced diet. We observed people having their lunch and saw they were supported to eat and drink by staff who worked with them in an unhurried and polite manner.

● People were provided choices at mealtimes and also offered food and drinks throughout the day. The service worked with people who had special dietary needs. Specialised diets were provided to those who required them. This included for both health and cultural reasons. One staff member said, "Food needs to be [faith specific] there is a blessing to food and no mixing [with] dairy [to ensure faith specific requirements regarding equipment]."

● What people ate and drank was recorded so information about their nutrition and hydration could be shared with health professionals as appropriate. This meant people were supported by staff who assisted them maintain a healthy diet. A person told us, "If I cannot eat my choice the chef will make me an omelette or a sandwich." Another person said, "It is ok [the food on offer], not bad. 8 out of 10."

Supporting people to live healthier lives, access healthcare services and support

● People were supported to access healthcare services and live healthier lives. People's health care needs were recorded in their care plans. Staff monitored different aspects of people's health to help keep them safe and support health care professionals with their care of people. Nutrition and hydration, bowel movements and people's weight were often tracked to support with monitoring people's health.

● We spoke with a visiting health professional who shared their opinion of the service. They told us, "They are very caring, responsive and will record things and follow instructions." One person told us, "I can request a visit with the doctor."

Staff working with other agencies to provide consistent, effective, timely care

● The service worked with other agencies to provide people with consistent effective care. People's care was recorded on a digital system which all staff could access through hand-held electronic devices or via computers. This ensured all staff had ready access to up-to-date care records. This information was shared with health and social care professionals where required.

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

● The service was suitable to meet people's needs. The premises were decorated to a good standard, though there were some issues requiring attention, such as a carpet and a privacy curtain. The registered manager was able to show us the provider was aware of the concerns and had an action plan in place.

● People had a choice on how they could decorate their rooms. Most areas of the service were accessible to people, including a conservatory.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People's consent was sought before care was provided. Where people were unable to make decisions themselves, decisions were made in people's best interests. Where this happened, families, health care professionals and or advocates were involved as per best practice. One person told us, "Yes always [staff ask consent]."

● DoLS authorisation applications were made where it had been identified people needed to be deprived of their liberty so as to keep them safe.

● Staff understood their responsibilities to people by giving them choices, whether or not they were deemed to have capacity. One staff member said, "We seek people's consent [before providing care]."

Good

# 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 last 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 well treated and supported by staff. We observed staff working in a professional way, interacting politely with people and relatives. We read feedback gathered by the service which indicated people and relatives were content with how they were treated. One person said, "Yes, I do [think staff are kind]. 10 out of 10." One relative said, "On first impressions they are very, very caring."
- People's equality and diversity was respected. Staff were trained in equality and diversity and documentation at the service sought to ensure people's human rights were maintained. The service was aimed towards people of the Jewish faith and people were supported to follow their faith. One staff member said, "The Rabbi comes and has a Jewish faith service. They light candles."

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

- People were supported to express their views. Meetings were held with people and relatives, so they had the opportunity to be involved with decisions. Care plans indicated people, relatives or advocates had been involved with decision making. A relative told us, "We have both [relatives] been involved with creating the care plan."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us privacy and dignity was respected. One person said, "Yes as much as they can, given their job and my situation requiring personal care in a care home." We observed staff knocked on people's doors before entering and closed doors when attending to people in their rooms.
- People's confidential information was kept securely. People's information was kept digitally on password protected electronic devices or was either stored in lockable cabinets in locked offices.
- People were encouraged to be independent. One staff member told us, "We encourage them to do things they can do." Staff prompted people, where appropriate, to do things for themselves. Care plans indicated where people required support, but also where to encourage people to do things for themselves.

Good

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

● People received personalised care that was planned to give them choice and control. People's needs and preferences were recorded in electronic care plans. These reflected people's individual needs making them person-centred. Care plans were reviewed regularly or as and when people's needs changed. Care plans included information about people's health conditions, their lives before residing at the service and what was important to them such as family members, activities and pursuits they held interest in.

● People told us carers supported them in ways they liked. One person said, "Yes absolutely their attitude is first class." Another said, "All who give me personal care are very aware of my health needs, and my likes and dislikes."

● Staff were updated about any changes in people's needs through daily handover meetings or could read information about people in their care plans. We observed a staff handover and saw how staff discussed people's changing needs and updated their system as they went along.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communications needs were met. Care plans contained information about people's communication needs so staff knew how to meet them. There were pictorial menus to assist people make choices with food and activities. The registered manager told us they could provide documents in easy-read format when needed.

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

● People were able to participate in activities. One person told us, "I participate in all the activities, so I am never bored." We observed people taking part in activities, playing table tennis with staff and taking part in quizzes and artwork. People were able to make choices about their participation with activities. We also saw staff working one to one with people. We were shown photographs where people had participated in activities such as yoga and parties.

Improving care quality in response to complaints or concerns

People and relatives were able to make complaints, and these were responded to appropriately.

● Complaints were recorded, and actions completed in response to complaints. There was a complaints policy which the service had made available to people and relatives. Complaints we saw had been dealt with in line with the provider's complaints policy. Apologies were made to people when the service could have done better. Similarly, improvements to the service were made where possible. People we spoke with told us they had not needed to complain. One person said, "Yes I do [know how to complain and I would speak with] the manager." A relative said, "I think our concerns would be taken very seriously [if we needed to complain.]"

End of life care and support

● People were supported at end of life. Staff had received training in end-of-life care. The service worked alongside health care professionals to ensure people and their relatives were supported appropriately when people were about to die. One staff member told us what they thought good end of life care was. They said, "You have to respect them and make them as comfortable as possible and follow their wishes."

● People's wishes for their end of life were recorded in their care plans. People's wishes with regard to resuscitation had also been recorded. Where this happened people, healthcare professionals and relatives had been involved in the process.

Good

# 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. The rating for this key question 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.

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

- The service had a positive and open culture. People, relatives and staff spoke positively about the provider and management team. One person said, "The atmosphere in this home is very good." Another person said, "[It is] very good. A caring place." A staff member said, "[Registered manager] is fun. They are approachable. Yes, they are fair and proportionate. They always tell us if there is a problem." A relative said, "Yes very well run, led, managed."
- Staff at the service understood what person-centred care was and sought the best outcomes for people. Staff were trained in person-centred care, care plans were person-centred, and staff worked to meet people's needs, in line with their preferences and the provider's policies.

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 understood duty of candour and was open and honest when things went wrong. Complaints and incidents were investigated, and apologies were made when the registered manager believed the service could have done better.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles. Staff had job descriptions for their job roles, so they knew what they were supposed to do. Staff knew they were required to report concerns and knew to report these concerns to the registered manager. There was a management structure in place, which people and relatives were aware of, with staff pictures placed in the reception area along with their job titles.
- The registered manager understood risks to people, the regulatory requirements placed upon them and the provider, and why quality performance needed to be monitored. The registered manager understood their legal requirements. They notified CQC when required and informed local authorities of any adverse events if and when they occurred.

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

- People, staff and relatives were able to engage with the management in the running of the service. We saw minutes of meetings for people, relatives and staff. People were able to discuss things they wanted with the management. There were occasional residents' meetings which the registered manager and/or deputy

manager would attend with other staff, such as the chef. We saw people were vocal about the food and maintenance.

● People's equality and diversity was considered when gathering feedback. People's specific communication and cultural needs were considered when seeking feedback. Feedback was gathered in means that suited people. For example, in writing when people could not verbally communicate. We also saw minutes for a relatives' meeting where discussions were held about infection control, health and safety and communication.

● Staff were able to engage with the provider through regular meetings and supervision. Minutes of meetings showed staff involvement and engagement with the service. Meeting discussions covered people's care, call bells, annual leave and faith specific discussions to support residents appropriately. One staff member told us what was discussed in meetings. They said, "We talk about the problems and everything that is going on. [Registered manager] asks how you are feeling, and we discuss all the points."

● We saw staff building and bonding sessions had been held as the provider had taken over the service and a new management had stepped in. These sessions were to support staff to get to know each other so as to work better together when providing care to people.

Continuous learning and improving care

● The service sought to continuously learn and improve care. Quality assurance systems monitored the care and safety of people at the service. These systems included audits and trackers completed by the registered manager and the provider, as well as support from peers working for other services, and external agencies.

● We saw audits completed on falls, infection prevention control and health and safety among others. The provider completed analysis on falls, safeguarding, complaints and incidents and accidents. This was so they could seek to identify trends and improve the service. The registered manager also worked to an action plan which had been set up with the local authority to ensure the service was providing good care to people.

Working in partnership with others

● The service worked in partnership with others. Staff worked alongside other agencies to support the needs of people who lived at the service. These included health care professionals, social workers and other local community organisations.