

Staffordshire Care Limited

# Sunningdale Nursing Home

## 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 well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Sunningdale Nursing Home is a care home providing personal and nursing care to up to 42 people. At the time of our inspection there were 35 people using the service. The services provides support to both younger and older people, some who may have physical disabilities.

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

People were protected from the risk of harm and abuse by well trained staff who knew people's needs well. Risks were assessed and managed safely. The home was clean, and staff adhered to infection prevention control principles. People received their medicines in a safe and timely way.

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. Nutritional needs were met, and people received a balanced diet which was varied and tailored to individual needs and preferences. Staff worked alongside other professionals to ensure people received access to healthcare as required.

The registered manager and the senior leadership team promoted a positive and open culture where people, their relatives and staff contributed to the day-to-day running of the service. Governance systems were in place to ensure the safety and quality of the service was continually monitored and improvements were made where necessary. The provider was visible and approachable. People, their relatives and staff held spoke highly of them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published July 2019).

### Why we inspected

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. This included checking the provider was meeting COVID-19 vaccination requirements.

The inspection was prompted in part due to concerns highlighted at an inspection of the provider's previous location. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained the same based on the findings of this inspection. We found no evidence during this inspection that people were at risk of harm from this concern.

Please see the safe, effective and well-led sections of this full report.

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

#### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Sunningdale Nursing 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 included checking the provider was meeting COVID-19 vaccination requirements. 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 one inspector, one assistant inspector and an 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

Sunningdale nursing home 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. Sunningdale nursing home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 six people who used the service and seven relatives. We spoke with seven members of staff including the registered manager, the deputy manager, a nurse, care staff, an activities coordinator and the maintenance person.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and extracts from care records.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Every person we spoke with told us they felt safe living at Sunningdale. Relatives also confirmed they felt their relatives received safe care. Comments from relatives included, "I am sure they [relative] are safe; the care they get keeps them safe and there are no issues with safety" and "From what I see when I go there, they [relative] seems very safe."
- People were empowered to report safeguarding concerns if they had them and received information about safeguarding processes on admission to Sunningdale. Safeguarding information was displayed within the home for both people and staff to familiarise themselves with.
- Staff received safeguarding training and were able to tell us how they would recognise and respond to concerns of abuse.

Assessing risk, safety monitoring and management

- People's risks were assessed on admission to Sunningdale. Risk assessments were formulated to help staff to care for people in the most effective and appropriate way. Risk assessments we viewed contained clear and detailed information on how to minimise risk.
- People with specific health conditions had individualised plans in place and staff told us about actions they would take to ensure people received relevant care and support.
- A designated member of staff held responsibility to monitor and assess the safety of the premises which was overseen by the registered manager. Equipment was regularly checked and serviced and was done in a timely and structured way to ensure people were kept safe.

Staffing and recruitment

- People were supported by staff who had been recruited safely. Appropriate checks were in place for staff, such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager used a dependency tool to calculate the number of staff required to support people. The registered manager said, "We always work way in excess of the calculation score." We observed this with the number of staff on duty during the inspection who were quick to respond to people's request for support.
- There were additional members of staff on duty who had specific roles, such as ensuring people living at Sunningdale were in receipt of adequate fluid intake and had the responsibility of solely monitoring people's hydration levels throughout the day. Infection Prevention Control champions on duty were responsible for ensuring staff were compliant with IPC.

### Using medicines safely

- People received their medicines safely as prescribed. We observed people receiving time specific medicines in line with their assessed health needs.
- There were protocols in place for medicines which were needed on an 'as required' basis which were detailed and supported staff to make judgements about whether people needed additional, or less support with certain medicines.
- Medicine stocks we checked correlated with the Medication Administration Records (MAR) and regular checks of the MAR were completed. Controlled drugs were stored and administered safely in line with national guidance.

### Preventing and controlling infection

- 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

The registered manager followed government guidance in relation to safe visiting at Sunningdale and had adopted different practices as government guidance had changed throughout the pandemic. Visitors were subject to checks, in line with guidance before they entered the premises.

### Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

### Learning lessons when things go wrong

- The registered manager had systems in place to assess and monitor shortfalls within the service and took actions to prevent the risk of reoccurrence. For example, accidents and incidents were logged and analysed to look for patterns, themes and trends.
- Since the last inspection, the governance systems in relation to the maintenance of the premises had been reviewed and new measures had been put in place to ensure the safety of the premises was reviewed regularly and changes made as required.



# 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. At this inspection 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 had their needs assessed before they moved to live at Sunningdale and people told us they felt listened to and involved with their care and support.
- Care plans were reviewed on a regular basis to ensure staff had the most up-to-date information available to them.
- Care plans contained details about people's personal preferences and took into consideration individualised needs such as people's religious and cultural beliefs. The registered manager told us, "Assessments and care plans are person-centred, and we can't be person centred if we don't involve people."

Staff support: induction, training, skills and experience

- People told us they had confidence in staff and their abilities to support them. One person said, "I use the hoist to sit in the chair. They [staff] talk to me when they are hoisting me and I it makes me feel safe." Relatives also told us they thought staff were skilled. One relative said, "The staff manage my relative's change in behaviours, and they are very patient with them."
- Staff received regular training to ensure they were competent to support people to meet their needs. The registered manager used a training matrix to enable them to ensure staff training was up to date and relevant.
- Staff told us they received regular supervision sessions with their line manager and felt this was useful to discuss practice and professional development. We viewed a supervision matrix which evidenced the support staff received.

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

- People had their dietary needs met.
- Care plans clearly documented people's choice and preference and where people had specific nutritional requirements, relevant professionals were consulted for advice and guidance and we observed people receiving food and drink in line with their needs.
- People told us they liked the food on offer and were given a choice of meals, drinks and snacks regularly. Comments we received included, "The food is lovely", "The food is excellent, it is wonderful; we get lots of choice" and "The food is nice; I am vegetarian and staff respect that and offer me options. I have a light meal at lunch and my main meal at teatime."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The registered manager worked well with other health and social care professionals to ensure people received effective support and had access to essential healthcare as required.
- Staff worked well together to ensure information was shared to ensure care was consistent and the relevant professionals were consulted as needed.
- There were champions in place who were responsible for monitoring issues, such as fluid and hydration. The registered manager told us, "The majority of residents are dependent with nursing needs so making sure they stay hydrated is important but could be time consuming for staff. We introduced a champion to monitor fluids; we have had reduced admissions to hospital."

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

- People had their capacity assessed as appropriate and when decisions had been made in people's best interests, relevant parties had been consulted and this was recorded in line with the principles of the MCA.
- People told us staff knew about consent and staff respected people's choices and wishes.
- Staff received MCA training and told us they asked for people's consent before supporting them. We observed this in practice during the inspection.

# 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.

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

- The registered manager was committed to driving improvement through the service and was passionate about making Sunningdale a good home for people to live. They told us, "I am constantly thinking about things we can change for the better and we get feedback from people about what they would like to see change. We are constantly striving to improve; we look at how we can make things better for people and who is in the best position to support that."
- People and their relatives were complimentary of the provider and the manager. People told us who the managers were, and we received comments from relatives such as, "I know the manager very well and they are very approachable. I can see them anytime; I had a recent meeting with the manager and the owner. The owner is brilliant, they are a very sincere type of person."
- Staff also told us the provider and the management team were approachable and supportive and they had a clear vision of how they wanted to improve the service which was clearly communicated to staff. Staff comments included, "The management and the provider are good and approachable. If I need anything, the provider is always happy to get it done, they know things need replacing and improving; they are very good", "People never go without, the managers and the nurses will always help on the floor. During the pandemic, the provider even supported with care" and "The management are brilliant; they are approachable and amazing and supportive."

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

- There was a clear management and staff structure in place. Staff understood the lines of delegation which supported the daily running of the service. The registered manager said, "I am so incredibly lucky to have a competent and consistent nursing and staff team. We have a structure in place. I know I can trust staff to do their job properly and having that excellent network of support in place ensures the quality is always there."
- There were effective quality assurance systems in place. Audits were regularly completed, and actions and timescales were put in place where follow up was required.
- The registered manager understood their registration, and regulatory requirements. The rating of the service was on display within the home, and on the website and notifications about events at the service, such as deaths and safeguarding concerns were sent to us in a timely way.

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

- Staff told us they had team meetings to discuss their ideas and feedback. Staff received handovers before their shifts to ensure they were receiving information about changes to people's needs or changes happening within the home.
- People, their relatives and staff were asked for feedback through questionnaires and surveys. Where relatives had not had the opportunity to complete a survey about the home, they told us they had regular contact with the managers at the home, either face to face, or by telephone.
- The provider had staff incentives in place and staff told us they felt valued and rewarded. One staff member said, "The best thing about my job is being appreciated, it is rewarding." Another staff member said, "The provider has given us cash rewards; they prioritise the happiness of the residents."
- The registered manager also expressed her appreciation for the support they received from the provider. They said, "I get 100% support from provider, not just me but all of the staff. They visit weekly and is always available for staff if they wish to speak to them. We don't want for anything. They make sure staff feel appreciated. We get bonuses based on training, performance and attendance and them [provider] acknowledging the staff makes a huge difference. They are a huge support and I cannot fault 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 understood their obligations in meeting the duty of candour. The registered manager operated an open and transparent service.

Working in partnership with others

- The management and staff at the home had good professional relationships with a variety of professionals, such as specialist nurses, speech and language therapists, social workers and physio and occupational therapist. Records were kept to evidence others had been consulted to improve the health and wellbeing of people living at Sunningdale nursing home.
- The registered manager and the activity coordinators had built good community links and people were being supported to explore these with the easing of the COVID-19 restrictions.