

Sunnymeade Quality Care Ltd

# Sunnymeade Quality Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Sunnymeade Quality Care is a residential care home that was providing personal care for up to 31 people. At the time of the inspection 28 people living at the service.

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

Changes from a paper reporting system to an electronic recording system for care and managing risk had been slow to be implemented. Some people were at high risk of falls. These were being reviewed and responded to by the manager. There had been a choking incident. This person's risk assessment had not been updated at the time. However, recent review and changes meant the current risk assessments were satisfactory and any risks to people were minimised. There was no evidence of reporting on patterns or trends of incidents and what additional measures had been put in place to mitigate risk. The current management team had recognised this and created an area on the electronic system to report falls and review patterns to manage this in the future.

Systems to assess and monitor the quality and safety of the care provided were being developed. However, these systems were still being implemented and were not yet fully effective in assessing quality or identifying and driving improvement.

People's capacity had not always been assessed following the principles of the Mental Capacity Act 2005 (MCA). Where people lacked capacity there had been no assessment or applications made to the local authority for any Deprivations of Liberty Safeguards that were necessary to keep people safe.

Health and safety checks of the environment and equipment were in place. However, the services environmental fire risk assessment had not been reviewed since 2019. The records stated it was due for review in October 2020. This had not occurred, but had been recently identified by the management team who were in the process of updating this assessment.

People's medicines were managed safely. However, there were gaps in the temperature monitoring of the medicine refrigerator. The manager took immediate action to address this by reminding staff responsible.

The service had suitable safeguarding systems in place. Most staff had received training, however there were some gaps where training updates had lapsed. Staff spoken with were able to explain how they recognised abuse and what to do if they suspected abuse was occurring. The managers had identified where updates were required and this had been factored into the training plan.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Staff were informed about people's changing needs through effective shift handovers and records of the

daily care provided for people.

People were offered a range of healthy meal choices.

Relatives told us they were happy with the care their family member received and believed it was a safe environment. Comments included, "Yes, it all seems very good. The place is very clean and does not smell at all. (Person's name) is very happy here" and "The care, love, and dignity you treated our relative with was above and beyond. The sincerity that you afforded me when I was with my relative in the final hours will always be remembered".

Staff were recruited safely. The service had experienced staffing shortages and was a nationally identified issue. Staffing rotas identified where gaps had occurred and what action had been taken to fill those gaps. The staff team and managers were supporting each other to ensure people's needs were being met.

There was an active recruitment process in place. It was anticipated staffing levels were improving. Agency staff were also supporting any gaps. Staff told us, "We have struggled like everywhere else. We are not fully staffed but this week as one of us is on holiday, we get on with it, we are a good team and we are currently on a bit of a programme and when there are three of us and we are blitzing rooms and it is nice because we are slowly getting back up to where we should be."

Many staff had been provided with supervision this year, although this had not been as regularly as planned due to the impact of recent staffing pressures and the challenges of the pandemic. We saw a more robust programme of supervision and competency checks which was being implemented for all staff.

The training rota had recently been reviewed and updated. There had been some gaps in training during the COVID-19 pandemic period. However, they had been identified and dates were in place to carry out this training.

The building was clean, and there were appropriate procedures to ensure any infection control risks were minimised. Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Suitable visiting arrangements were in place for families to visit as per current government guidance.

Staff supported people in the least restrictive way possible. Changes in policies and systems in the service supported staff. People who wished to remain in their bedroom did so. Those spoken with confirmed this was their choice.

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 (report published 13 February 2019).

Why we inspected

We received concerns in relation to safeguarding people. Intelligence showed there was inconsistency in the management of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective 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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-Led sections of this report.

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

#### Enforcement

At this inspection we have identified breaches in relation to governance, risk and monitoring systems.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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 not always effective.

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always Well Led.

Details are in our safe findings below.

**Requires Improvement** ●

# Sunnymeade Quality Care

## 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

This inspection was carried out by an inspector and assistant inspector.

#### Service and service type

Sunnymeade Quality Care is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. Two managers were in the process of registering with the Commission.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the provider, manager, senior care staff and six care staff. We also spoke with one relative and four people who used the service.

We reviewed a range of records. This included three people's care plans, medication records and management records. We looked at two staff files in relation to recruitment. We reviewed supervision records.

After the inspection

We requested records for staff and resident meetings, service certificates and training matrix. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

### Assessing risk, safety monitoring and management

- People risks had not always been managed effectively. A person had experienced a choking episode which resulted in a hospital admission. The Care Quality Commission had not been notified as required of this serious event affecting a person living at Sunnymeade Quality Care. The person's risk assessment had not been updated on the electronic care system on return. We were told by the manager the kitchen staff had a list of people's specific dietary needs and the person's need for a soft diet had been included. This record was not available at the time of the inspection.
- The monitoring and review systems had been transferred from a paper record to electronic record. All risk assessments seen showed people's current level of risk had been identified and were being appropriately responded to. Some people were at a high risk of falls. These were being reported, however there was no evidence of records identifying patterns or trends and action taken. For example, a person had experienced four falls during a four-week period. The manager was able to assure us through additional records, that a review and referral to local authority and commissioners for more suitable placements had taken place. The service had additional monitoring and risk assessment in place for those people.

Failing to assess and monitor risks to people was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people had been assessed as needing pressure relieving mattresses to protect them from skin damage. There was a process in place to ensure such devices were always set correctly for the person using them, and in accordance with their current weight. A visiting professional told us, "Really good staff team. Always listen and ask for advice" and "We don't have anyone with skin damage"
- When people experienced periods of distress or anxiety staff knew how to respond effectively.
- The environment was well maintained.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

### Using medicines safely

- People's medicines were managed safely. Senior care staff gave people their medicines after they had been assessed as competent to do so.
- At the time of the inspection there were three senior staff responsible for administering medicines. Recruitment for staff was ongoing and the manager hoped to increase senior staffing levels which would increase the availability of staff to administer medicines.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans



included additional risks related to medicines.

- Medicines were ordered, stored and disposed of safely and securely.
- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and in accordance with direction in their care plans.
- External creams and lotions to maintain people's skin integrity were applied during personal care. This was then recorded on the electronic care plan.
- The service had a fridge to store medicines which required maintenance at a colder temperature. There was a record to record daily temperatures. However, there was a four-day gap within the week we looked at. We alerted the senior carer and manager to this who took immediate action and agreed to remind all staff responsible for medicines.

#### Staffing and recruitment

- People were supported by sufficient numbers of staff to ensure their needs were met. There had been an occasion when staffing levels had dropped below planned levels, due to short notice sickness absences, which could not be covered by other staff or agency. The manager had raised a safeguarding about this in order to be open and transparent. The senior management team supported any gaps in the rota, which could lead to a negative impact on people. A staff member told us, "It has been difficult at times, but we are a good staff team and support each other." Another told us, "We have struggled like everywhere else. We are not fully staffed but this week one of us is on holiday and we get on with it. We are a good team."
- Senior managers confirmed that the service had been through a period of staffing and management challenges. However, two recently appointed managers were in post and staff we spoke with told us they were confident changes introduced were supporting them. "[Managers' names] are fine. They are very approachable, and I'd just go and tell them if I had any issues. They are supportive of staff".
- There remained a number of vacancies which the service was actively recruiting into. However, in the interim period, bank staff and agency staff supported the core staff team.
- Staff were recruited safely using a process that included interviews, police checks, employment history and references to ensure potential staff were safe to work with people.

#### Systems and processes to safeguard people from the risk of abuse

- People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Where people were anxious or distressed staff were seen to respond in a kind, caring and dignified way.
- The provider had effective safeguarding systems in place. Safeguarding processes and concerns were discussed at staff meetings. Staff knew how to report and escalate any safeguarding concerns.
- The training matrix showed there were some gaps in staff receiving updates for training in safeguarding. However, the manager had identified this and had dates in place for training.

#### 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

People were supported to maintain contact with friends and family. The home was following government guidance in respect of care home visiting. Relatives, people and staff confirmed that visits in and out of the home were supported.

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.

- 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

- Managers had made changes to improve the reporting system for accidents and incidents. Managers were beginning to look at patterns and trends although there remained gaps in some people's care plans. For example, two people's needs had increased and falls, and incidents had occurred. Reviews had taken place and referrals to other professionals to either consider more suitable care provision or for additional equipment to support them safely.

- Lessons had been learnt following the challenges of the pandemic and staff recruitment. Management had deployed staff differently and had supported the staff team. Staff told us this was supporting them. During the inspection we found staff were easily accessible in all areas.

- The management team had recognised that staff required support and training in choking and sepsis following an incident. This had been delivered to all staff to help support them if an emergency occurred again.

# 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 last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Capacity and consent assessments had not been completed where appropriate. These assessments are required to identify if people were able to make specific decisions independently.
- Some people lacked mental capacity. Only one application had been made to obtain a DoLS authorisation. This is for when people were restricted, or the monitoring of people's movements were required. The service had restrictions in place to limit or monitor movement. For example, locked entry and exits and pressure mats to monitor movement. This meant the service was depriving people of their liberty without the required legal authority.

The principles of the MCA had not been followed. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they had a choice of how they spent their time. Comments included, "Like to stay in my room" and "I like it here."
- There remained some gaps in staff training for MCA. However, we found staff understood what restrictions meant and how to support people in the least restrictive way.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was guidance in the electronic care plans on when staff should provide monitoring of specific health needs such as people's weight, nutrition and hydration, skin care and re-positioning. Staff had handsets on which to record information. Staff told us the new system was much quicker than writing paper records. Some staff said they were still getting used to the system but found it more effective.

- Care plans were being reviewed and updated to ensure care provision was current and in line with the person's needs and preferences.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

#### Staff support: induction, training, skills and experience

- The service had recently changed its training provider. The manager told us the new system provided prompts for staff when training was due. Training methods had been restricted, due to COVID-19, to online programmes and in-house training. Management had access to when staff had carried out their training and when it was due. They told us, "This system really helps us to monitor staff training."
- Staff were provided with opportunities to discuss their individual work and development needs. One to one meetings took place as well as group staff meetings, where staff could discuss any concerns and share ideas. A staff member told us, "I had a supervision recently. I had a one to one sit down with [managers] and I was able to talk about any problems. They are always prepared to listen, and they ask you for your views and what they can do to help and are really approachable."
- Induction procedures ensured new staff were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone.
- Staff told us, "I have regular appraisals with her but if we have any problems, we can message [the managers] and we have a book we write in, in the office, for any information we need to share with other staff. The communication here is phenomenal and we do not have too many problems to be fair and we just get on with it" and "They [managers] are very supportive. Yes, I am confident they would resolve things if there are issues."

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

- Care records showed the involvement of other health professionals, and the service worked with local health professionals to support people's health and well-being. A visiting health professional told us the service alerted them to any concerns they had about changes in people's health.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being.
- Staff were monitoring specific health needs such as people's weight, nutrition and hydration and skin care.
- People were encouraged to stay healthy and active. Staff supported people to continue to move around independently.

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

- Access to the building was suitable for people with reduced mobility and wheelchairs. A passenger lift was in place for people to access the upper floors. Corridors were wide and free from clutter. There was an appropriate range of equipment and adaptations to support the needs of people using the service.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The service is required to have a manager registered with the Care Quality Commission. The registered manager 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 this inspection the service did not have a registered manager.
- The service had experienced a period of changeable management. Two registered managers had deregistered with the commission. There were now two new managers in post who were in the process of submitting applications to register with the commission.
- The monitoring and auditing systems had been disrupted during the period of management transition. For example, lack of oversight of the operation of the service. We found significant gaps in audits, including the infection control audit which had not been updated from 2019 to January 2022. The environmental fire risk assessment had not been reviewed since 2019. There had been no medicines audits from May 2021 to February 2022. This meant risks could be missed, the service could not monitor effectiveness and had restricted development. The senior management team had begun to identify and respond to these issues.

The provider's governance systems had not been effective in improving the service people received. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Roles and responsibilities were defined and understood. The managers worked closely and were supported by the provider.
- Important information about changes in people's care needs were communicated at staff handover meetings each day.

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 had not notified CQC of an incident which affected a person's health and resulted in a hospital admission. This showed they did not meet their responsibilities under the duty of candour.

The registered provider has failed to notify us without delay of incidents they are required legally to inform us of. This is a breach of regulation 18 of the Care Quality Commission (Registration) regulations.

- Families were kept informed of any changes to people's needs and any updates in relation to the running of the service.
- People and their families had been informed of the changes to visiting put in place to manage infection control in relation to COVID-19.
- The manager recognised the importance of learning from incidents or complaints. For example, in two instances where there had been a choking incident and a sepsis infection, staff training had been put in place. Information was shared with the staff team through the system of meetings and supervision sessions.

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

- The manager told us that due to staff shortages through COVID-19 they were supporting the staff team where necessary. They said they worked alongside staff to help develop a positive culture. This had improved staff morale. A staff member told us, "It has been hard at times, but we feel really supported and think things are getting better."
- The manager told us that they were 'totally committed' to improve the communication and engage across all teams of staff.
- Staff demonstrated commitment to their roles and had built positive and caring relationships with people. A staff member told us, "Nothing really to add, just again that I love my job. When I came back from some leave the other day one of the residents has an Alexa and was playing 'Welcome home', when I came into their room. Another person cried after I came back from leave as they was so happy to see me. That is so rewarding, and it makes it all worthwhile and it's why I love this place."
- Records demonstrated a person-centred approach to the care and support provided for people.

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

- There had been disruption in formal quality assurance and gaining the views of stakeholders due to the impact of COVID-19. The managers had put systems in place to begin surveys. Staff and people using the service told us the managers regularly engaged with them and involved them in decision making. A staff member told us, "Things have been on hold, but the managers are putting plans in place and they are keen to ask us our opinions."
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked upon favourably by managers.

Continuous learning and improving care.

- The service was receptive to continuous learning and improving care. There have been several examples of this throughout the report.
- The managers had put in place a new system of regular checks on the quality of the service. This was still being implemented.
- Regular management meetings were held to support improvements to the service.

Working in partnership with others

- The service worked effectively with partners to ensure people's care needs were met. Appropriate referrals had been made to professionals and guidance provided acted upon.

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 18 Registration Regulations 2009<br>Notifications of other incidents<br><br>The registered provider has failed to notify us without delay of incidents they are required legally to inform us of. |
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>The provider had failed to ensure the care and treatment provided to people must be with their consent.                                       |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider was failing to assess and monitor risks to people.                                                                        |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The providers governance systems were not effective.                                                                                           |