Friends of the Elderly

The Bernard Sunley Nursing and Dementia Care 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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection that took place on 12 April 2017.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager assisted us with our inspection on the day.

The Bernard Sunley Nursing and Dementia Care Home is a care home which provides accommodation and nursing care for up to 60 older people, some of whom are living dementia. At the time of our inspection there were 48 people who lived there. The home is purpose built and set over two floors, with a passenger lift to all floors. The home is split into three units and had a variety of communal areas including lounges, dining rooms, quiet areas and a garden.

At our previous inspection on 22 December 2016 and 5 January 2017 we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action in relation to the failure to assess and act upon risks to people. The provider sent us an action plan and provided timescales by which time the regulations would be met. They stated that the actions would be completed by 1 June 2016. We also made one recommendation to the provider in regard to the requirements of the Mental Capacity Act (2005).

During this inspection we found that improvements had been made. People were as safe as possible because risks associated with their health or care had been assessed and monitored. Staff were aware of the risks and what action to take to protect people from harm.

Staff had been trained and understood their responsibilities to protect people's rights under the Mental capacity Act 2005. Further training has taken place shortly after this inspection.

People's care had been planned and the staff knew people well. Although a few care plans required some updating this did not affect the care people received. The provider has informed us in their action plan how they intend to ensure care plans always reflect the most up to date information and we will assess the effectiveness of this at our next inspection.

People were protected from being cared for by unsuitable staff because safe recruitment processes were followed.

There were sufficient numbers of staff deployed to meet people's needs safely. Staff responded to people in a timely way.

Medicines were managed, stored and disposed of safely. Any changes to people's medicines were prescribed by the person's GP or psychiatrist and administered appropriately.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The service had a contingency plan that identified how the home would function in the event of an unforeseeable emergency such as fire, adverse weather conditions, flooding or power cuts.

The provider ensured staff had the skills and experience which were necessary to carry out their role. Care was provided to people by staff who were trained and received regular supervisions and appraisals from their line manager. People told us they felt supported by staff.

People were provided with a choice of meals each day and those who had dietary requirements received appropriate foods. Staff maintained people's health and ensured good access to healthcare professionals when needed. For example, the doctor, dietician or district nurse.

The provider had a number of ways of checking the service and making improvements. This included listening to people and their relatives and taking action to improve.

There was a good atmosphere in the home where people and staff interacted in an easy-going manner. People were cared for by staff who were kind, caring and supportive. People and relatives were happy with the care provided and they were made to feel welcome when they visited.

People and staff were involved in the running of the home and complaint procedures were available to people should they feel the need to complain. Any complaints had been responded to according to the provider's complaints procedure.

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.

Risks to people were managed safely and in accordance with their needs.

Safe recruitment practices were followed.

There were sufficient numbers of staff deployed to keep people safe and to respond to their needs.

Medicines were administered, stored and disposed of safely.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

There was a contingency plan in place in the event of an emergency.

Is the service effective?

Good

The service was effective.

People's human rights were protected as staff had been trained to understand the Mental Capacity Act 2015.

People were supported to access healthcare services and healthcare professionals were involved in the regular monitoring of people's health.

Staff received training specific to their role.

People were provided with sufficient quantities of food and drink and those with a dietary requirement received appropriate food.

Is the service caring?

Good

The service was always caring.

Individual staff cared about the people living at the home.

Staff encouraged people to be independent and make their own decisions about their care.

People's likes and dislikes had been taken into consideration.

People were treated with kindness and care, respect and dignity.

People's relatives and friends were made to feel welcome.

Is the service responsive?

Good

The service was responsive.

People's care had been planned and although a small number of care plans required updating this did not affect the care people received. Staff knew people well.

People were supported to participate in a range of activities which were relevant to them.

People were able to express their views and were given information how to make a complaint.

Is the service well-led?

Good

The service was well-led.

Care records relating to people were contemporaneous and accurate.

Quality assurance audits were carried out to ensure the quality and safe running of the home.

Staff and people were involved in the running of the home.

The Bernard Sunley Nursing and Dementia Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 12 April 2017. The inspection team consisted of three inspectors.

Before the inspection we reviewed the provider's action plan which they had supplied to tell us how they had met or intended to meet their legal requirements in relation to the breaches of regulations we found at our last inspection. We asked the provider to take action in relation systems in place to assessing and monitoring the quality of the service provided.

Prior to the inspection we reviewed the previous inspection report. We gathered information about the home by contacting the local authority safeguarding and quality assurance teams. We also reviewed records held by the Care Quality Commission which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR as part of our inspection.

During the inspection we spoke to six people, two relatives, the registered manager, the clinical lead, and seven members of staff. We observed care and support in communal areas and looked in two bedrooms with the agreement from the relevant people. We looked at seven care records, risk assessments, medicines

records, accident and incident records, minutes of meetings, six staff records, complaints records, policies and procedures and external and internal audits.

We last inspected this home on 22 December 2016 and 5 January 2017 when we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the failure to assess and act upon risks to people.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person told us, "Oh yes, I do feel very safe. I have never been mistreated. Another person told us, "I am very safe here. Staff are very nice and they always come to see if I am alright."

At our last inspection on 22 December 2015 and 5 January 2016, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities). There were inconsistencies in the way risk was assessed and acted upon.

Risks to people were being managed safely as staff were following current guidelines to identify and monitor risks. In their PIR, the provider told us, 'All residents have risk assessments for falls, pressure care and MUST (nutritional assessments), which are reviewed monthly or more frequently if required. We found regular records were kept to monitor people's weight, falls, nutritional risks and skin condition and reviewed as required. Where people had pressure wounds there were separate care plans in place to enable staff to deliver safe care and to monitor the progress of wounds. Risk assessments were updated as required. For example one person was unsteady when moving around when they were admitted but this had improved so the risk assessment was no longer required. One person had a diagnosis of epilepsy and a plan of care and risk assessment were in place and staff knew how to respond if they had a seizure.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. The registered manager analysed accidents and incidents to identify potential patterns and to minimise or prevent reoccurrences.

People had been protected from being cared for by unsuitable staff because recruitment processes were in place. We did find incomplete employment histories for two of the six records we reviewed but the registered manager had completed these by the following day. All other recruitment records were stored electronically and were complete.

There were sufficient numbers of staff to keep people safe and to meet their needs. One person told us, "They come very quickly when I use my call bell." Staff told us they believed there were enough staff on each shift. One member of staff said, "At the moment we have enough staff for the numbers of people here, and we know that when more people come the staffing ratios will increase." Another member of staff said, "We have enough staff and we never have to rush any care." The consistent staff team were able to build up a rapport with people who lived at the home. The registered manager told us they would cover absences with existing staff or agency staff who knew the people living at the home. This enabled staff to acquire an understanding of each person's care and support needs. The staffing rotas were based on the individual needs of people. This included supporting people to attend appointments and activities in the local community.

Peoples' medicines were managed and administered safely. There were appropriate arrangements in place for the storage and recording of medicines. People had their medicines on time and as prescribed and given

by competent staff. One person told me," I take lots of tablets; I cannot remember what they are all for, but I always get them on time." Any changes to people's medicines were prescribed by the person's GP. We checked medicines records and found that a medicines profile had been completed for each person and any allergies to medicines recorded so that staff knew which medicines people could safely receive and which to avoid. The medicines administration records (MAR) were accurate and contained no gaps or errors. There was guidance for staff about reporting and recording if a person refused to take their medicine. All medicines coming into and out of the home were recorded and medicines were checked and recorded at each handover.

People received their medicines from competent and trained staff. Only staff who had attended training in the safe management of medicines were authorised to administer medicines to people. When staff administered medicines to people, they explained the medicine to them and why they needed to take it. Staff waited patiently until the person had taken their medicines. Staff knew the importance of giving medicines on time and the reasons why this was important to reduce the risk of side effects. There were written individual PRN [medicines to be taken as required] protocols for each medicine that people took such as painkillers. These provided information to staff about the person taking the medicine, the type of medicine, maximum dose, the reason for taking the medicine and any possible side effects to be aware of. We observed staff asking a person if they were in any pain and would they like something for it.

People were able to self-administer their medicines with the support from staff. Safe arrangements were in place for people to manage this task independently and safely. The person had been assessed to ensure they were able to cope with the task; their medicines were kept by the person in a lockable cabinet. The provider had devised a system to ensure the correct number of medicines was dispensed to the person monthly.

People benefited from a service where staff understood their safeguarding responsibilities. One staff told us, "I would report my concerns to senior staff and the manager. If I did not think they had acted on then I would report to CQC and the Surrey safeguarding team." One member of staff told us, "My training included Whistleblowing. I would use this if saw anyone mistreating people here." Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had access to a safeguarding policy which gave information about how to raise concerns to the local authority if necessary. There was safeguarding information displayed at the home that provided information to people and visitors what to do if they thought or saw any one had been mistreated. Staff were knowledgeable about the types of abuse and the reporting procedures to follow if they suspected or witnessed abuse. One person had been admitted the night before the inspection with a grade 3 pressure sore. This was notified to the local authority on the day of the inspection. This showed that the staff and registered manager knew how to report concerns to the appropriate authorities.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather conditions, flooding or fire. There was information about how to support each person living at the home in the event of an emergency. Alternative accommodation arrangements were in place in the event of the building being unusable following an emergency. Communal areas, stairs and hall ways were free from obstacles which may present an environmental risk.

Good

Is the service effective?

Our findings

At our last inspection on 22 December 2015 and 5 January 2016, we identified concerns relating to the provider having failed to always complete information in line with the requirements of the Mental Capacity Act 2005. We recommended that the provider reviews their systems and ensures information is completed. During this inspection we found this was the case.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. 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. Where important decisions needed to be made and staff had reason to believe someone may lack capacity due to their dementia, ill health or other reasons assessment had been completed. Best interests were considered in relation to specific decisions that affected people.

Staff had received training regarding the MCA and the large majority of staff we spoke to understood the principles of the legislation regarding people giving consent. One member of staff was less clear but since the inspection further staff training has taken place.

Staff ensured they obtained people's verbal consent before providing care and support in accordance with their wishes. We observed that staff sought people's agreement before supporting them and then waited for a response before acting on their wishes. Staff ensured that people understood the questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions.

There were sufficient qualified, skilled and experienced staff to meet people's needs. People told us that they believed staff received training. One person told us, "I assume they do as they are all very good at what they do." The registered manager ensured staff had the skills and experience which were necessary to carry out their responsibilities through regular training and supervision. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role

Staff confirmed that they had received training and that they had sufficient knowledge to enable them to carry out their role safely and effectively. The provider developed the knowledge and skills of new staff by supporting them to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. One member of staff told us, "I had undertaken induction training and it included all the mandatory training as required." Another member of staff told us, "I was shadowed by another member of staff for one week." All staff received mandatory training such as safeguarding adults; dementia awareness; health and safety and infection prevention and control and Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Trained nurses also received clinical training such as end of life care, catheterisation (a procedure used to drain the bladder and collect urine, through a flexible tube called a catheter), venepuncture (the procedure of inserting a

needle into a vein) and management of pressure areas. The registered manager verified staff's qualifications and membership to professional bodies.

Staff had received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance. We spoke with staff about the supervision and appraisals they received. They were happy with the process. One staff member told us, "I can say what I want. The manager is very supportive." Another member of staff told us they had regular supervision where they discussed their roles, training requirements and people living at the service.

The registered manager confirmed that regular supervision and annual appraisals took place with staff to discuss issues and development needs. We reviewed the provider's records which reflected what staff had told us. Management observed staff in practice and any observations were discussed with staff, this was to review the quality of care delivered.

People told us about the food at the home. One person told us, "The food has improved recently; I don't know what they have done." Another person told us, "The food is very good. I normally have my breakfast in my room and then I will go to the dining room for lunch." People were involved in the consultation about the choice of menu for breakfast, lunch and tea. There was a choice of nutritious food and drink available throughout the day; an alternative option was available if people did not like what was on offer. Staff confirmed that a dietician was involved with people who had special dietary requirements.

People were offered a choice of meal each day and menus displayed showed a good range of home cooked nutritious food was provided to people. We observed staff showing people two plated-up meals in order that they could visually see what was on offer and make their own choice. Staff offered people drinks to accompany their meal.

People were supported to have their nutrition and hydration needs met. There was a colour coded coaster system in place which enabled staff to identify what level of support different people needed with their food and drinks. People's weight was monitored and recorded on a monthly basis. Staff told us anyone who experienced significant weight loss was referred to a healthcare professional for guidance and advice. We saw information displayed in the kitchen about people who had special dietary requirements such as diabetes, high calories, and health conditions that required pureed or softened food.

People had access to external healthcare professionals when appropriate. One person told us, "I see the GP and other professionals when I need to." We saw evidence of people receiving care from the GP, district nurse, dietician's optician and speech and language therapists. Appointments are made with other healthcare professionals as and when required. Any visits made by healthcare professionals were documented and any guidance was acted upon.

The home was adapted to meet people's needs. Many people had memory boxes that contained photographs or items of importance near the door to their room so it was easily recognisable for them to identify their own rooms. People's bedrooms were personalised with pictures, photographs or items of personal interest. All communal areas had large signs that described the room. Areas of the home were painted in different colours which helped those living with dementia to move around the home and to recognise where they were.

Good

Is the service caring?

Our findings

People told us that staff were very caring and they always helped them when they needed it. They told us that staff respected their privacy. One person told us, "Staff always close my door when they help me." People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. The registered manager is currently working with Woking Hospice to determine if any improvements are required to the way end of life care is provided.

Staff understood the importance of promoting independence and choice. One person told us, "I can do things by myself." People were able to access communal parts of the home and do whatever they wished to.

People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. Where people spoke a different language, staff asked the person to teach them words so they were able to talk to them in their native language. We observed this happening during lunch time. People had the right to refuse care and support and this information was recorded in their care plans. Guidance was also given to staff about what to do in these situations. We observed staff interact with a person who refused to eat lunch and how periodically they would check on the person; this was part of their recorded plan of care which staff were following.

Staff knew about the social needs of the people they supported. People were allocated a member of staff known as a key worker who had special responsibilities for making sure a person received the care and support that was right for them and communicating this with the rest of the staff team. Staff were able to talk about people, their likes, dislikes and interests and the care and support they needed.

Care records recorded people's personal preferences also what constituted a good or bad day for people, so that staff would know what people needed from them. Staff told us they knew people's personal and social needs and preferences from reading their care records and getting to know them.

Staff approached people with kindness and compassion. People were complimentary about the staff. Throughout our visit we observed good caring practice between people and staff. Staff always spoke to the person when supporting them; this was done in a respectful manner. For example, one person was opening doors to different rooms including the door to the secured unit. The member of staff was very patient with the person. They made eye contact with them and asked in a nice way where they were going. They spoke to the person in a calm manner and encouraged them to walk to the lounge to take part in an activity which they did.

Staff called people by their preferred names and staff interacted with people throughout the day. Staff checked that people were happy at each stage when attending activities, listening to music and watching television. Staff spoke to people in a respectful and friendly manner.

Staff understood the importance of respecting people's privacy and dignity and treating people with respect. Staff were seen to discreetly advise people when they required attention to their personal care and this was always provided in private. People were not kept waiting for assistance with personal care. A member of staff told us, "I cover exposed parts to preserve their dignity when I help them to wash." Staff told us that they encouraged people to do as much for themselves and they are able to.

People and relatives were involved in the discussion about their care and support needs. We observed that when staff asked people questions, they were given time to respond. Relatives, health and social care professionals were involved in individual's care planning to ensure their needs were met.

Relatives and friends were encouraged to visit and maintain relationships with people. Staff supported people to visit their relative's homes. Each person had detailed information about people who were important in their lives. People were protected from social isolation with the activities, interests and hobbies they were involved with.

Good

Is the service responsive?

Our findings

We asked people if they felt they received care specific to their needs. One person told us, "Oh yes, I would say so." Another said, "Definitely."

Pre-admission assessments recorded people's needs in areas including health, mobility, communication and nutrition/hydration. Assessments also explored and recorded aspects of people's lives that were important to them, such as relationships, interests and hobbies. The evening prior to the inspection one person had been admitted with a pressure sore. This had been mentioned in the pre admission assessment and as a result on the day after admission a tissue viability nurse visited the person and provided appropriate treatment and confirmation of the wound. A referral to the local authority was made and a notification was submitted to CQC whilst we were present at the home.

A small number of the care plans did not always reflect up to date information regarding people's care and support needs, therefore they did not provide staff with the guidance they needed to deliver responsive care. Although experienced staff were knowledgeable about people's support needs, new staff would not have this knowledge or access to up to date information to enable them to provide appropriate and safe care to people. We have been informed that reviewing and updating care plans is part of the provider's action plan and we will review the improvements at the next inspection.

Other care plans were legible, securely stored and person centred. People's choices and preferences were recorded and staff knew what these were. Personal and social histories were detailed and relevant. It was possible to 'see the person' in these documents.

Staff told us that they completed a handover sheet after each shift which outlined changes to people's needs. We looked at these sheets and saw that the information related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well, what did not and any action taken.

We saw there was a call bell system in place; the system was easy to use. We saw that the information displayed on the call unit indicated in which room the call button had been activated. We observed there were call bells in communal areas as well as in people's bedrooms. We observed that the call bells or requests for help were responded to quickly.

People confirmed that they took part in the activities in the home and outside in their community. Activities included going for walks with staff, bowling, and light exercise, pampering afternoons, afternoon teas, crosswords and board games. This information was displayed in pictorial format so people were able to identify what activities they could attend. We observed a number of activities taking place during our visit such as bowling, people doing jigsaw puzzles and word games, activities in the local community and arm chair exercises. People enjoyed the camaraderie and participated in the activities. People were also able to celebrate their birthdays and other festive occasions at the home.

Those who were cared for in bed were offered one to one time with the activities co-ordinator or staff. There was an activities programme which was displayed throughout the home and each person received a copy of the activity programme, in a format which supported their needs to identify relevant activities they were interested in.

We saw that each corridor had a theme which consisted of photographs and items which people could touch and were designed to recall people's memories and aid discussions. The service also had a sensory room that was equipped with items that created sensations that could assist relaxation, or stimulate people's senses.

People were provided with the necessary equipment, care and support to assist with needs. For example, different types of wheelchairs, pressure mattresses and cushions, recliner chairs, specialist baths and bathrooms adapted to people's needs. Information regarding people's individual need for equipment was recorded in their care records; and staff were knowledgeable about their needs.

People were made aware of the complaints system. A person told us, "If I am unhappy with anything I will talk to the staff, they always sort it out for me." There was various ways that someone could voice their opinion about the home. For example completing a form, discussing the issue with staff, the registered manager or at the relatives and residents meetings. People had their comments and complaints listened to and acted upon. We looked at the provider's complaints policy and procedure which was displayed at key points around the home. A copy of the complaints procedure was provided in the resident's guide which people kept in their rooms. Staff told us, "I would record any complaint and report it to the manager." The registered manager had received and dealt with five complaints within the timescales set by the complaints policy. We also noted that the home had received 10 written compliments that included, "Thank you for everything you did for X," and "I just want to say thank you for the care and attention you showed to my X."

Good

Is the service well-led?

Our findings

People spoke positively about management at the home. One person told us, "Both the staff and the manager are very good." Another person told us, "If I have any problems, they will also sort it out." In their PIR the provider told us, 'We try to promote an ethos that we are a 'home' not an institution. We make it as homely as possible. To quote one of our residents 'What I like about this place is you can do what you want to do. If you want a quiet life, it's got lovely gardens. It's a pleasure living here. The staff are excellent - you can have a good sensible communication with them.'

Records were being maintained and were generally up to date and accurate. A small number of care plans were not up to date but the provider had a system of checking records and they have sent us an action plan which shows that they intend to ensure care records are always up to date. This did not affect the care people received as staff knew people well.
The provider had effective systems in place to monitor the quality of care and support that people received. We saw there were various audits carried out such as care plans, medicine administration records, health and safety, room maintenance and housekeeping.

People and their relatives were involved in how the service was run in a number of ways. The provider told us in their PIR, 'Regular meeting are held with relatives /residents / staff, minutes are all on file.' Our findings supported this statement. Feedback was sought through meetings, easy read documents, questionnaires, use of closed questions so people could respond and care reviews. We read the minutes of the last resident and relatives meeting which covered updates about a new television in one of the communal lounges, sensory boxes, activities, the menu and catering requests.

Staff had the opportunity to suggest how improvements could be made. They were able to contribute by attending staff meetings or in one to one supervision meetings. Staff told us that they were able to discuss the service and the quality of care provided. Accidents and incidents were also discussed during staff meetings so as to try to prevent any recurrences.

We saw incidents and safeguarding had been raised and dealt with and relevant notifications had been received by the Care Quality Commission. Incidents were reviewed which enabled staff to take immediate action to minimise or prevent further incidents occurring in the future.

People and staff told us that the management team were approachable. Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. One staff member told us, "I think it is well run. The manager is very approachable and knowledgeable." Another staff member said, "The manager is not a nurse but we have the clinical lead to go to if we have a problem with care. But the manager is around and we can speak to them if we need to."

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated that they were knowledgeable

about aspects of this guidance.