

Friends of the Elderly

The Bernard Sunley Nursing and Dementia Care Home

Inspection report

College Road
Maybury
Woking
Surrey
GU22 8BT

Tel: 01483764300
Website: www.fote.org.uk

Date of inspection visit:
20 February 2020

Date of publication:
16 April 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Bernard Sunley Nursing and Dementia Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Bernard Sunley Nursing and Dementia Care Home provides residential care for people with a range of needs such as dementia and Parkinson's Disease. The service accommodates up to 62 people across two floors. At the time of our inspection, the service was supporting 53 people.

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

People felt safe at the service, and risks to people were appropriately managed and recorded. Accidents and incidents were recorded and action taken to prevent reoccurrence and staff were aware of their responsibility to safeguard people. There were sufficient numbers of effectively trained and safely recruited staff members to meet the needs of the people living at the service.

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 did support this practice.

People received care that was kind and compassionate from staff and their privacy and dignity were respected at all times. People's independence was maintained where safe to do so to ensure they did not become deskilled. People were involved in decisions around their care and were given regular opportunities to feedback on their care experience in the service. There was a variety of engaging activities available to people, as well as people being supported by staff to achieve goals that were personal to them.

Referrals were made to healthcare professionals to ensure people received holistic care. The service worked to national standards and any new guidance received was distributed to staff. Checks on the quality of the service were completed regularly, and any issues identified were resolved in a timely manner. Complaints were appropriately recorded and responded to.

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

Rating at last inspection

The last rating for this service was Good (published 30 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 we receive any concerning information 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 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Bernard Sunley Nursing and Dementia Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of three inspectors and a specialist nurse advisor. One of the inspectors acted as 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

The Bernard Sunley Nursing and Dementia Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. We reviewed information we had received about the service since the last

inspection. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the service and three relatives. We also spoke with eight members of staff including the registered manager and a nurse, and a visiting healthcare professional. We reviewed a range of documents including eight care plans, administration records, accident and incidents records, policies and procedures and internal audits that had been completed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

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

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibility to safeguard people from harm and abuse. One staff member told us, "I would report it to the manager, if actions were not taken I would report to the safeguarding team." Another staff member was able to tell us of different types of abuse and what signs to look out for.
- The registered manager had referred concerns appropriately to the relevant authorities and completed investigations where required. This included gathering witness statements from staff.
- People and their relatives told us they felt safe at the service. One person told us, "I feel safe due to the security and just everything. A relative told us, "Dad is getting all care and is kept safe."

Assessing risk, safety monitoring and management

- Risks to people were appropriately managed and recorded. For example, one person had a diagnosis of diabetes. Their care plan included information on the diet they required as a result of this, as well as what symptoms they could display if their blood sugar levels were too low or high and what action to take. This allowed care staff to be vigilant and alert a nurse if required.
- Another person was a risk of pressure sores. Turning charts were in place to advise staff how often to reposition the person and in to what position to allow maximum pressure relief support. Charts showed staff had adhered to this.
- Risks to people were reviewed and updated regularly. A staff member told us, "Risk assessments get updated every month. We review people's vital signs and weight. If there's been any changes of medicines we will update that as well."
- Personal emergency evacuation plans (PEEPs) were in place. These informed staff what individual support a personal would require evacuating the building in an emergency such as a fire.

Staffing and recruitment

- There was sufficient staffing levels to meet people's needs. Although staff were busy, we observed they still had time to talk to people and check on people who stayed in their rooms. A staff member told us, "There are enough staff because the job is being done. There's no delay. Residents don't have to wait. You would know we were short as no bells are ringing." A call bell audit demonstrated that call bells were answered in a timely manner.
- Staff sickness and annual leave were covered by agency staff. The registered manager told us, "We use the same agency staff to provide the same faces to people." A relative confirmed this saying, "I like the continuity of care, they are consistent people who have been here for a long time."
- Staff were safely recruited due to thorough recruitment checks. These included obtaining a full employment history and references from potential new employees. A Disclosure and Barring Service (DBS)

check was completed to ensure staff were safe to work with vulnerable people before their employment started.

Using medicines safely

- Medicine recording and administration practices were safe. Medicine Administration Records (MARs) contained sufficient information such as photographs and allergies of each person to ensure safe administration of their medicines. MARs were completed accurately and stocks of medicines matched the balances recorded. Protocols were in place for 'as and when' medicine, which informed staff of the maximum dosage a person could have in a 24-hour period.
- Staff followed national guidance by ensuring medicines were securely stored. Lockable medicine trolleys were neat and organised which minimised the risk of medicine errors.
- Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency.

Preventing and controlling infection

- People lived in a home which was clean and free from malodours. A relative told us, "The place is always clean and smells lovely. Staff take good care of cleanliness."
- Staff adhered to infection control policies and safe practice. A relative told us, "They are ever so good in cleaning when accidents happen." A staff member said, "I make sure staff are wearing gloves and not walking the corridor with them." We observed staff wearing gloves and aprons for meal preparation.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded. This confirmed where the event happened, at what time, and what action was taken as a result of this.
- Monthly analysis of accidents and incidents identified trends. Analysis of one month's accidents and incidents identified that one person had fallen on five separate occasions. This led to the person being moved from the residential unit to the nursing unit due to there being more staff available to manage their increase in needs. This had led to no further falls. A staff member told us echoed this, saying, "Our [registered] manager reviews them and signs to say he has read them. We update the care plans if we need to review the needs of people (as a result of the accidents)."

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 remained the same. 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

- Staff were kept up to date with national guidance. The registered manager told us, "We get bulletins sent through about things like coronavirus and hot weather warnings. We put notices in the office, speak about it in staff meeting and have training if appropriate." Staff had recently trialled wearing pyjama-style scrubs during the night following a recent research report in to its effectiveness of improving sleep for people with dementia. Staff fed back that although people still woke during the night, they would choose to go back to bed faster due to the visual cue that it was night time.
- National standards were used to assess people's needs. One staff member told us, "We use things like Waterlow assessments to assess the skin for risk of pressure ulcers. Tools like this are useful. In our GP notes we refer to the tools as they understand what these mean." We observed nationally recognised standards like these used throughout people's care plans.
- Pre-assessments were completed prior to people moving in to the service to ensure their needs could be met. Staff had gathered information around the person's care needs as well as information around their routine and preferences. A staff member told us, "My aim is to get as much information from the family member as I can. Like what time do they get up, go to bed. Simple questions but valid."

Staff support: induction, training, skills and experience

- Staff were up to date with essential mandatory training. This included areas such as moving and handling, safeguarding and emergency first aid. Staff also received training on specific conditions. For example, one staff member told us, "I still remember dementia training where we were the residents. I was wearing a pad, being hoisted. It's a huge help as you can experience what they go through." Another staff member confirmed, "Training is very regular, we have two staff that come in regularly."
- Staff received regular supervision meetings and annual appraisals. This gave staff the chance to discuss their performance, wellbeing and any ongoing training needs. One staff member said, "We have supervisions three times a year with one being the appraisal. They are a good time to raise anything."
- Handover sheets enabled new or agency staff to have the essential knowledge around people's needs. The registered manager told us, "It basically includes the most important, who has DoLS, do not resuscitate forms (DNARs) which is very important for new carers."

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

- People were complimentary about the food at the service. One person told us, "The food is good. I get to choose what I want to eat." Pureed food was presentable, with effort taken to mould the food so it looked like its original form.

- Care plans included details of people's nutritional preferences. This included how they liked their hot drinks served and details of food they liked and disliked. We observed staff following this individual guidance.
- Assistance was given to people who required support eating. We observed one staff member took their time when supporting someone to eat, ensuring they went at the person's own pace. Other staff members also offered to cut food up for people that required assistance with this.

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

- Staff felt they communicated effectively amongst each other. One staff member told us, "On the whole yes we work well together, we communicate well. We tell each other where we are going to make sure there is enough staff." Another staff member said, "I always make sure things are communicated, especially in terms of duty of care."
- Staff were given insight in to each other's roles. The registered manager told us, "I've asked night and day staff to do a shift of the opposite sometimes to get an appreciation of each other's roles. They work well together."

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

- Referrals to healthcare professionals were completed where required. One relative told us, "They would be quick to involve other health professionals as [my family member] has a lot of conditions and is very anxious about his health."
- Care plans identified a variety of healthcare professionals involved in people's care, such as the community mental health team, district nurses, chiropodists and the GP. A staff member said, "We work with other professionals and organisations so that residents here receive the best care."

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

- The environment was set up to meet the needs of people with a cognitive impairment. Memory boxes helped people identify their rooms by containing photos and belongings that were personal to them. Corridors included stimulation areas, such baskets of wool and books. Chairs were positioned in clusters to promote social inclusion.
- People were able to personalise their rooms with belongings that were personal to them. This included photographs of loved ones.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's legal rights were protected in line with the principles of the MCA. Decision specific mental capacity assessments were completed to determine if people lacked capacity. This included around areas such as administering medicines covertly and constant supervision.
- Best interest decisions had been completed to ensure the least restrictive possible methods were chosen. These discussions had included the people who were involved in people's care, such as their relatives or social worker. Appropriate DoLS applications had subsequently been submitted to the local authority.
- Staff were aware of the important of gaining consent from people. One staff member told us, "Even if people cannot understand what you are saying, you must still discuss any care with them and try and help them understand and gain consent. It is important that you try and help them to understand."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. One person told us, "Staff are very nice here and provide a good service." A relative said, "Staff always seem very nice with him, I had conversations with him as he has a phone. I've never heard anything untoward, they call him by his name, address him kindly."
- We observed kind interactions between people and staff. Staff rubbed people's backs gently and got to their eye level when communicating with them. People were greeted with a smile and asked how they were. The registered manager informed us every person had received a rose on Valentine's day, saying "This was to remind them they are all very loved."
- Staff complimented people to make them feel valued. We observed a staff member say "You are a sweetheart" to one person, and another staff member say "Well done, you are very good at the intricacy" to a person completing an activity. A staff member said, "They are my family, and I treat them as such. You have to think of your nan and how you would treat them."

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

- People were involved in reviews of their care plans. Relatives were involved if people's cognitive impairment limited their ability to take part in reviews. Care plans demonstrated this. The registered manager told us, "People are involved in care reviews, or their families if needed."
- We observed people being involved in day to day decisions around their care. For example, people were asked if they would like to take part in an activity, and what they wanted to drink and eat. The registered manager told us, "Staff always give a resident choices, like what to wear."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect. One person told us, "When staff help they do listen to me and are respectful. They make me feel comfortable."
- People's independence was promoted and encouraged according to their abilities. For example, several people over the lunchtime period were supported to maintain their independence to eat their meal at their own pace without being rushed in any way. The registered manager told us, "People are always asked what help they want with personal care, we never want to deskill a person."
- Staff respected people's dignity and privacy. A staff member told us, "When giving personal care we prepare the room in advance, so it's done as quick and smooth as possible for them. We always close curtains." People we spoke with confirmed this.
- Staff were aware of the need for confidentiality and held meetings or telephone conversations with relatives or health and social care professionals in private.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were a variety of activities and entertainment sessions available for people to take part in. One person said, "The number of activities I get is brilliant." This included completing puzzles and receiving visits from a local toddler group and a visiting therapy dog. One person had said, "it's nice to have a dog in the home because lots of people love dogs and had them themselves at some point in their life. It makes me feel good when I see [the dog] because it reminds me of my childhood."
- People received personalised care. A relative said, "[My family member] does quizzes and scrabbles. Staff know he likes it and it is on offer." A staff member told us, "People are different. Some like music and some don't. We base personalised care on observations and asking people about their hobbies and occupation. For example, if someone was a gardener, we have a sensory garden they can work on."
- People were supported to achieve goals that were personal to them. Staff had created a 'wishing washing line' on which people could write their wishes which staff would help them achieve. Two people had wanted a spa experience and to get their nails painted. We saw photos which showed this had been achieved. Another person wanted to attend a live show and a staff member had supported them to do this.
- People told us their relatives were able to visit them at any time and were made to feel welcome. One person said, "My daughters can come to visit anytime." Relatives echoed this.

Meeting people's communication needs

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

- Communication care plans were in place to advise staff on how best to communicate with people. This included if people had hearing or sight impairments they needed to be aware of.
- Documents were prepared in a format people could understand. For example, the activity timetable was converted in to one person's first language so they could easily understand it.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise concerns if needed. One relative told us, "I know how to complain. I raised something once and [the registered manager] was straight on it. Things changed so I am certain he took action."
- Complaints had been appropriately recorded, and people and their relatives were happy with the outcome. One person had complained and the registered manager had investigated and fed back to them

and their relative and provided assurances. The relative had emailed the registered manager saying, "I am perfectly satisfied with the result. Thank you for this prompt and thorough investigation. It is greatly appreciated that you are really taking [my family member's] best interest to heart."

- Compliment cards received from people and relatives were on display in the hallway. One read, "You are a special bunch of people who have made our lives and [my family member's] life much easier and enjoyable."

End of life care and support

- People's end of life wishes had been recorded in their care plans. This included information on who they would like to be called if the health deteriorated. A staff member told us, "An advanced care plan is important because it's personal. Things like would they like to see a priest. It's person centred."

- There was a memorial board in hallway for people supported by the service who had passed away. This included cards from the people's relatives which read, "Her last few days were dignified and she did not seem in pain" and "Her last few days were dealt with kindness and sensitivity and I'm so grateful."

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 remained the same. 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

- People and relatives felt the registered manager was approachable and open. One person praised the registered manager and said they would be confident to talk to him if they had any problems." A relative said, "[The registered manager] is always there if we want to speak to him about care."
- Staff also felt well supported in their roles. One staff member had written a letter to the registered manager which read, "I am able to work flexible hours so that I do not have to worry about taking time off for an appointment or to look after my two small children when no child care is available. I do not know of any other employer or manager who would be so considerate. You and Bernard Sunley really are one in a million." Another staff member told us, "What I also like about the registered manager is he cares, I know he cares. He will walk by a resident and talk to them." The registered manager said, "They know they can talk to me, and they know if I ask for something then it's because it's important. I feel supported by above. The director of care homes always calls and asks if I need anything."
- The registered manager had formed a dementia group for relatives who were finding the experience of having a loved one with the disease difficult. Feedback from relatives on this included "I found it very helpful and would hope to attend other meetings in the future" and "I thought it was extremely valuable and very worthwhile. Sharing experiences is a great benefit."

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

- Robust quality assurance audits were completed to ensure care was delivered at a high level and safe. Checks were completed in areas such as medicines and infection control.
- Any issues identified within audits had been resolved in a timely manner. For example, it was identified that a colour guide for different equipment was needed on cleaning trolleys. We found this was resolved on the day of our inspection.
- The registered manager was aware of their responsibilities to be open and honest with people when something goes wrong. This is called the Duty of Candour.

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

- People's feedback was actively sought in order to improve the care they were receiving. 'How's your week been' forms allowed people to feedback if their week had been good or bad, and what had caused this. The

registered manager then followed up on any comments made.

- Residents meetings were also used as another forum to gather feedback from people. In one meeting, a person had fed back they wanted more fruit available on the menu such as melon. We saw this was available on the day of our inspection.
- There were regular staff meetings taking place. A staff member told us, "We have meetings, one happening tomorrow. It's useful so we know where we are going. If there are any changes, we will know about it. We can also have feedback from the residents meeting to know how we are doing." Meeting minutes showed staff were given updates on training and system updates as well as being thanked for their hard work.
- Staff felt able to give suggestions on how to improve the service. One staff member told us, "[The registered manager] listens to me. We are encouraged to place ideas with them."

Continuous learning and improving care; Working in partnership with others

- There were plans in place to improve and sustain the quality of the care within the service. The registered manager told us, "The main thing I focus on is community integration for the home. We have people who attend the day care centre (which is attached to the service) who deteriorate, and they come in to us. I want us to build connections with the community. The people of this generation are big church go-ers. I've approached the local churches to see if we can get people out on Sundays."
- There were already other close working links with local organisations. For example, the registered manager was a member of Surrey Care Association. This is a not for profit company which works to support social care providers in Surrey.