

Aria Healthcare Group LTD

Sundridge Court Nursing Home

Inspection report

19 Edward Road
Bromley
Kent
BR1 3NG

Tel: 02084666553
Website: www.ariacare.co.uk/find-a-home/sundridge-court-in-bromley/

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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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

About the service

Sundridge Court Nursing Home is a residential care home providing personal and nursing care for up to 30 people. The service supports older people and younger adults. The care home accommodates 30 people in one adapted building over 2 floors. At the time of our inspection there were 27 people using the service.

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

Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity, and they understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture

Staff knew and understood people well and were responsive, supporting people to live a quality of life of their choosing wherever possible.

The home was very clean, and people appeared comfortable with staff and care workers. People told us that they were happy with the home. One relative said, "It is a lovely home, it really feels like home, and it is always clean."

The registered manager had regular meetings with all staff, people and their relatives to gather feedback to drive continuous improvement of the service and care being provided.

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 6 December 2018)

Why we inspected

The inspection was prompted by a review of information we held about the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service 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 ●

Sundridge Court Nursing Home

Detailed findings

Background to this inspection

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

Inspection team

The inspection team consisted of 2 inspectors, 1 specialist advisor, and 1 Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sundridge Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sundridge Court Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

The provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records including care and support plans for 6 people. We looked at records of recruitment, training and supervision records for 5 care workers and administration staff. We reviewed records relating to the management of the service, including quality assurance audits and building audits. We also looked at accident and incidents and complaints records. We spoke to several people working at the service including the registered manager, administration workers, the chef, the wellbeing coordinator and care workers and 2 registered nurses.

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 to us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies and procedures in place to protect people from the risk of abuse. Care workers received appropriate training enabling them to effectively support people.
- Care workers understood how to recognise and report abuse. One care worker said, "If I had a safeguard concern, I would explain to the person that I have to tell the manager so that we can help, and we would act as confidently as possible. I would then tell the manager."
- People said that they knew how to raise a safeguarding concern if they needed to. One person said, "I am able to speak to the [registered] manager a lot and am confident I could raise anything with her."

Assessing risk, safety monitoring and management

- The registered manager worked with people, healthcare professionals and relatives to create risk assessments prior to providing care. Risk assessments were reviewed regularly to ensure people continued to receive appropriate care.
- People said that they were able to make decisions about their own care and manage risks. One relative said, "[Family member] has a lot of care needs so I was very pleased to be involved the planning."
- People said that they had access to their care records, and care records helped people get the support they needed.

Staffing and recruitment

- Recruitment procedures were safe. Appropriate pre-employment checks, including Disclosure and Barring Service (DBS) checks were carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People said they thought staff had appropriate training and skills to support their care needs effectively. We received comments like, "[Care workers] are very careful when helping me to walk, and they make sure I have the right food." And "Yes they seem highly skilled."
- There were mixed views as to whether people thought there were enough staff available. One person said, "[Care workers] are skilled, but there aren't always enough especially at weekends." One care worker said, "There used to be 6 carers, now there are 5 and it is challenging." We discussed staffing level concerns with the registered manager and senior management after the inspection. We have since received assurance that the staffing levels have been adjusted to give care workers more time to support people appropriately.

Using medicines safely

- People were supported by staff who followed safe systems and processes to administer, record and store

medicines safely. The provider had guidelines, policies, and procedures in place to ensure that medicines were managed safely. Care plans contained adequate information about people's medical support needs. This included information about covert medicines and how they should be administered, and allergy information where required.

- Medicines were administered to people by staff who had the appropriate training and qualifications to do so. People said that they thought that their medicines was administered in a safe manner.
- People received support to make their own decisions about medicines wherever possible. We observed people being asked for their consent before prescribed medicines were administered to them.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

- On inspection, we saw relatives visiting people throughout the day. There were no restrictions in place for relatives and friends visiting people.
- There were notices on good hygiene practices and infection prevention control on display throughout the home.
- There were face masks and alcohol gel available for all visitors. There were quiet areas where visitors could sit if required.

Learning lessons when things go wrong

- The provider had processes in place for recording, investigating, and monitoring accidents and incidents. The registered manager ensured incidents were discussed with all relevant parties. Lessons learned were shared at the daily face to face meetings, by phone with relatives or by email to staff and relatives as appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- The registered manager worked with people, relatives, and healthcare professionals to assess and document people's support needs and preferences relating to their care.
- Care plans and risk assessments were reviewed on a regular basis. This ensured people's changing needs and requirements were captured, ensuring support delivered remained appropriate.
- Assessments included information about people's nutritional needs and preferences, their life history and medical history and any behavioural support they might need.

Staff support: induction, training, skills and experience

- Staff had the training and experience to provide safe and effective care for people.
- The provider ensured all staff completed an induction at the beginning of their employment. All staff had the relevant training and experience to support people's care needs effectively.
- Staff had regular supervision sessions where training and support needs or concerns could be discussed.
- The provider ensured updated refresher courses were attended so staff would continually be able to apply best practice. One care worker said, "We do a lot training, both on-line and face-to-face."
- Care workers said they completed a lot of training over the last year, which included courses in behaviour that challenges, dementia, falls, and moving and handling.

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

- People were supported to have enough to eat and drink to maintain a balanced diet.
- People's needs and preferences around eating and drinking were documented in care plans and risk assessments. Staff were aware of people's dietary needs.
- We observed the chef asking people what choice of meals they wanted for that day before meals were prepared. One person said, "The food is nice, we do get a choice, and they will make us something different if we want."
- We completed a (SOFI) at lunchtime. We found the atmosphere in the lunch hall was very relaxed. People were able to have their relatives join them for lunch. All staff wore disposable aprons and provided support to people if they needed it.
- All relevant staff had completed food hygiene training and followed the correct procedures when preparing and storing food.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to live healthier lives. The provider worked with the local authority and healthcare professionals to ensure people were able to access healthcare services as required.
- The local pharmacy completed medicine audits with the service to support the safe management and administration of medication. The service worked with the tissue viability nurse, physiotherapists, and the speech and language therapy team to support people.
- All health updates and treatments were documented in care plans and on risk assessments, which were reviewed and updated as required.

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

- People's care and support was provided in a safe, clean well equipped and well-maintained environment. Building maintenance audits and checks, including legionella and electrical checks were all up to date with satisfactory outcomes.
- We noted that there was a lack of dementia friendly aesthetic in the home. We discussed this with the registered manager. We were told that bright signage and pictures would be put in place. The registered manager said she would speak with people and relatives to gather feedback and relevant changes.
- We noted that the lift in the building was very small. We saw staff knew how to transport people safely to the ground floor without the use of the lift. We discussed this with the registered manager and senior managers after the inspection. They will discuss with planners to see if it is safe or viable to make the lift bigger in the planned refurbishment.
- People were able to personalise their rooms if they wanted to. We received comments like, "My room is lovely, and it is always clean", and "It is very clean and no smells. [family member's] room is lovely and so is the garden."

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

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care workers knew about people's capacity to make their own decisions, and this was documented in care plans and risk assessments.
- People's right to refuse medication was respected. Staff ensured people with capacity gave consent prior to medication or personal care being given. One person said, "They treat people how they want to be treated."

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and respect. We observed staff acted kindly and with respect towards people. Care plans had documented people's protected characteristics so that appropriate care and support could be delivered.
- Care workers were calm and attentive through all communication with people. People said that they were treated well as individuals. We received comments like, "They treat me as me, I have no complaints.", and "I like to look my best and they help me to do that."

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

- Care plans were created with the input of people and relatives, and included information about how they would like to live their life on a day-to-day basis.
- People said they were able to express views and make decisions about their care. One person said, "I can speak to anyone here if I was concerned." Another person said, "I would if I had to, and they would get it right."
- The chef had meetings with people to discuss their likes and dislikes, feedback on meals would be gathered and this would be considered when menus were created.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and their independence promoted. Care workers received training in diversity and inclusion to support people in a way which respected people's privacy, dignity and independence.
- Relatives thought family members were treated as individuals. We received comments like, "[Family member] loves it here and is treated as an individual with a past as well as a present.", and "[family member] is completely treated as an individual."
- People said that care workers respected their dignity. We received comments like, "[Family member] says they offer to give help discreetly.", and "Doors and curtains are closed when I am getting washed and dressed." And "Yes, [care workers] are very careful not to embarrass."

Is the service responsive?

Our findings

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

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

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

- People received personalised care. Care workers had access to care plans and were able to support people in accordance with choices and preferences about their care and how they received it.
- People were able to take part in events in the community if they chose to do so. One person said, "I don't want to go out except to the garden, they respect this." Another person said, "My friends tell me what is going on, I could go to something if I wanted to."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. The provider had an Accessible Information Standard policy in place. The registered manager ensured people had access to information in formats they could understand.
- People had access to information in formats they could understand. One relative said, "[Family member] uses an [electronic tablet] to help with communication. Quite a few other people are doing this also."
- People's care plans documented their communication needs and ways people wished or needed to be supported. One relative said, "[Family member] hasn't spoken for ages, but is beginning to since living here."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interest and take part in activities that are socially and culturally relevant to them.

- People were supported to avoid isolation and take part in activities they enjoyed. The service had a well-being coordinator who arranged events and activities at the service. People were able to socialise with friends and family and members of the community on a regular basis.
- People were supported to take part in their preferred interests also such as gardening, arts and crafts and fitness. The service celebrated important dates in the calendar, such as the King's coronation. People celebrated Easter by making bonnets and decorating cakes with the support of staff.
- The service worked with a local school so people could take part in a multi-generational music project. This involved a musician visiting the home. Children with disabilities also visited the home to take part.

Improving care quality in response to complaints or concerns

- The service responded to people's complaints and concerns. The provider had a complaints policy and procedures which was available for people and relatives. The registered manager documented complaints

received, and how they were investigated and resolved.

- Lessons learned from complaints received were discussed at staff meetings to reduce the risk of further complaints for similar issues recurring.
- People said that they felt comfortable with raising a concern or making a complaint if they needed to. One person said, "We have made a complaint and it is being fully investigated by the [registered] manager. Another person said, "They are very approachable, I would be comfortable raising a concern."

End of life care and support

- The service could support people when they were at the end of their lives. The provider had an end-of-life care policy and care workers received end of life care training. Care plans recorded people's preferences in relation to their end-of-life care and wishes.
- We saw a compliments folder where relatives had thanked the registered manager and all staff for the end-of-life support their relatives had received. One relative said, "Everyone was so kind and caring to [family member] I really appreciate the end-of-life care [family member] received."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created prompted high-quality, person-centred care.

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

- The service promoted a positive culture that was person centred. There was good communication between senior management and staff working in the home. This ensured there was a positive and open culture in the home which was inclusive and empowering for both staff and residents.
- Staff said that they were happy to discuss all concerns with the registered manager, they were confident all concerns were addressed, and that communication amongst the entire staff team was good. One care worker said, "We have a good [registered] manager who runs this home well."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the legal responsibility to notify CQC and relevant agencies when things went wrong. Records confirmed this.
- We saw evidence to support the service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.

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

- The registered manager and all staff understood their roles, responsibilities, and individual duties in relation to risks and regulatory requirements.
- The registered manager completed spot checks during the night and at the weekends to ensure that standards of care and support were continuously maintained.
- Staff said that the registered manager completed supervision sessions every 3 months and that they felt supported in their work role.
- The provider conducted mystery shopping calls to ensure the service responded appropriately to enquiries from the general public. This ensured staff provided good quality support consistently.

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

- Care plans were created with input from health professionals, people and relatives. Care plans detailed peoples protected characteristics so appropriate care could be delivered to people.
- The service worked with local churches to support people's religious requirements. One care worker said,

"For people who cannot always get to church, we support them to watch live services on [electronic tablets]"

- A health care professional said, "They carry out recommended activities with [people] which is really helpful and nice and from my point of view it is well-led."
- The registered manager held a variety of meetings with staff, residents and relatives, ensuring that everyone was able to voice concerns, give feedback or suggestions, creating an inclusive environment for the home and people.
- People said that they were invited to meetings by the registered manager. One person said, "I attended a meeting [online], it was very interesting." Another person said, "There have been meetings, we are told what is going to happen at them."

Continuous learning and improving care

- The provider had measures in place to ensure continued learning and improvement of care. The registered manager encouraged feedback from people and relatives and would act on suggestions that would improve the service.
- We saw documents which supported that regular meetings were taking place with the registered manager and staff, complains, concerns and feedback were discussed and addressed as appropriate.

Working in partnership with others

- The provider worked in partnership with a variety of agencies to ensure people's health and social care needs were met. These agencies included the local churches, schools, local pharmacies and physiotherapists.
- The registered manager worked closely with the local authority and social workers to achieve good outcomes for people.