Mr & Mrs A Wood

Sunnyside Residential Home

Inspection report

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01 March 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

his inspection was carried out on 26 February 2016 and 01 March 2016. The first day of the inspection was unannounced.

Sunnyside Residential Home is registered to provide accommodation and support for up to 22 people. At the time of our inspection there were 21 people living at the home. It is owned and operated by Mr & Mrs A Wood.

The home had a registered manager. 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 2008 and associated Regulations about how the service is run.

During the inspection we met the majority of the people living at Sunnyside and spoke in depth with six of them. We also looked around the premises and spoke with seven members of staff and three visiting health care professionals. We examined a variety of records relating to people living at the home and the staff team. We also looked at systems for checking the quality and safety of the service.

At this inspection we found a breach of regulations. This was because medication had not always been safely and properly managed.

You can see what action we told the provider to take at the back of the full version of the report.

People told us that they felt safe living at Sunnyside. Systems and training were in place to help staff identify and deal with any allegations of abuse that arose.

Staff were aware of the actions they should take in the event of an emergency occurring. The building was safe and work had commenced on upgrading en-suite facilities.

The people who lived at Sunnyside liked and trusted staff who supported them. There were enough staff working at the home to meet people's support needs and spend time interacting socially with people. Suitable systems were in place for recruiting, training and supporting staff, this helped to ensure they were suitable to work with people who may be vulnerable.

People received the support they needed in all areas and stages of their life. This included support to manage their personal care and mental and physical health as well as support with their hobbies and social interactions.

People's legal rights were protected and people had received the support they needed to make decisions for themselves or with appropriate support as applicable.

Staff had built meaningful relationships with the people living at Sunnyside and were able to adapt their communication methods and the support the provided to meet people's individual needs and preferences.

People were confident to raise any concerns or suggestions they had with the staff team and said that they had always been listened to and staff had taken appropriate action to resolve any issues.
People living and working at the home had confidence in the manager and management team who acted as role models within the home. Systems were in place for checking the quality of the service provided and obtaining people's views. These systems were not always recorded clearly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medication was not always safely and effectively managed.

People felt safe living at Sunnyside and there were enough staff working there to meet people's physical and emotional needs.

Systems were in place for dealing with any emergencies that arose and staff knew how these worked.

Staff recruitment and the premises were safely managed to minimise risks to the people living there.

Is the service effective?

Good

The service was effective.

People were supported to make every day decisions for themselves with additional help and support provided to them when needed. People received the support they needed with their physical and mental health needs.

Staff received the training, supervision and support they needed to carry out their role effectively.

Procedures for ensuring people were not unduly deprived of their liberty had been followed.

A choice of meals were provided to people along with support to monitor their dietary intake.

Is the service caring?

Good

The service was caring.

People liked and trusted the staff team who supported them.

Staff knew people well and took time to socialise with people as well as meet their physical care needs.

Staff had the ability to alter their communication methods and

the support they provided to meet peoples differing needs and communication methods.

Systems were in place for providing information to people about how their home operated, any changes within home and to obtain their views on the service they had received.

Is the service responsive?

Good

The service was responsive.

People were confident to raise any complaints or concerns they had with the staff team and were confident staff would listen and resolve the issue quickly for them.

Care plans were in place for all of the people living at Sunnyside these provided up to date guidance to staff on how to support the person effectively.

People had access to a number of activities both within and outside of the home and staff supported people to maintain their hobbies and interests where possible.

Is the service well-led?

Good

The service was well led.

The home was led by a registered manager and management team who had a good knowledge of the people living at Sunnyside and acted as effective role models within the home.

The views of people living at the home were actively sought and acted upon.

Systems were in place for checking and if needed improving the quality of the service provided. These were not always formally recorded.

Sunnyside Residential 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 was planned to check 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.

The inspection was carried out by an Adult Social Care (ASC) inspector and took place on 26 February 2016 and 01 March 2016. The first day of the inspection was unannounced.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the manager since our last inspection in January 2014.

During the inspection we looked around the premises and spoke at length with five of the people living at Sunnyside. We also spent time observing the day to day care and support provided to everyone living there.

We spoke individually with seven members of staff including the registered manager and with three visiting health care professionals.

We looked at a range of records including medication records, care records for three of the people living there, recruitment records for two members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

Requires Improvement

Is the service safe?

Our findings

People living at Sunnyside told us that they felt safe living there and if they had any concerns they would feel confident to raise them with staff.

People also told us told us that staff looked after their medication for them and they were happy with this arrangement. One person told us, "I leave it up to them, they bring them round." People told us that they had always received pain relief medication quickly when needed.

We looked at Medication Administration Record (MAR) sheets and saw that one person had a weekly medication that had not been signed as given. We traced this back and counted the remaining stocks. This showed us that the person had not received the medication for the past seven weeks. We brought this to the attention of the manager who sought medical advice and reported the incident to social services.

Another person was prescribed a cream the instructions stated; 'give as directed' however no other guidance as to where or when it needed applying was available. The MAR for this cream had not been signed. A member of staff told us that the person applied it themselves but this was not recorded. It was therefore not possible to establish when and whether the cream had been used.

A third person was prescribed a patch to be applied weekly. The controlled drugs book showed this had been applied and we saw that the records in the CD book tallied with the stocks remaining. However the MAR sheet had not been signed when it was applied. This could lead to the patch being applied more or less frequently than prescribed.

These were breaches of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured medicines were safely and properly managed.

We observed part of the lunchtime medication round and saw that the trolley was kept safely locked, medication was given to people discreetly and people were offered a drink. A senior member of staff explained that lunchtime medication was given after the meal so people were able to enjoy their mealtime.

When not in use, medication was stored in a locked trolley in a locked cupboard. No record of the temperature of this cupboard was maintained; this meant that the home could not be sure medication was being kept at the most effective temperature.

The home had pain charts that used a series of pictures of a face ranging from 'very happy' to 'very sad' to help people identify whether they had any pain and how severe it was. This is good practice as it helps people to understand the question more easily and communicate their response.

On the second day of our inspection the manager advised us that action was being taken to rectify the medication issues we had identified. This included introducing picture charts to show where creams should be applied, putting a more robust system into place for auditing medications, recording the room

temperature where medications was stored and looking to relocate the medication storage room. We saw that the use of charts to record prescribed creams and new auditing systems had been introduced and were in use.

Staff had undertaken training in safeguarding adults and were aware of the signs and symptoms that may indicate abuse had occurred. A phone number for reporting any safeguarding concerns was displayed on the staff notice board. All of the staff we spoke with were confident in the procedures to follow and told us that they would report any concerns to the management team and to external authorities. One member of staff explained, "I wouldn't leave it. I would do what I could." Our records showed that the home had reported potential safeguarding incidents to external authorities when needed.

Staff were also aware of the company's whistle blowing policy. Whistle blowing protects staff if they reported something they believe is wrong in the work place and is in the public interest. They told us that they regularly saw the provider and would not hesitate to report concerns to the management team, the provider or external authorities if needed. We saw that the company had a whistle blowing policy in place but this did not contain a direct number to contact the providers if they wished to. We discussed this with the manager who agreed to make arrangements to rectify this.

Certificates and health and safety records showed that regular checks had been carried out on the premises and equipment to ensure they were working safely. This included checks on fridge and freezer temperatures, the fire system, and the main gas and electricity systems. On the first day of our inspection the fire risk assessment was due to be renewed and the legionella assessment had not been updated for some time. On the second day of the inspection we saw that the manager had arranged for both of these to be carried out by external companies in March 2016.

Staff were able to explain the actions they would take in the event of emergencies including fire and health emergencies. They were aware of the actions they should take in the event of a fire including where people should be evacuated to. Staff were also aware of the location of first aid boxes and their role in dealing with any health emergencies that may arise.

Certificates and health and safety records showed that regular checks had been carried out on the premises and equipment to ensure they were working safely. This included checks on fridge and freezer temperatures, the fire system, the lift and the main gas and electricity systems.

The people living at the home told us that they thought there had been enough staff to meet their needs. Staff agreed with this telling us that although they could be busy at times there had been sufficient staff to give them time to spend with the people living there meeting their personal care and social needs.

A senior member of staff explained that staffing levels were five care staff including a senior staff in a morning, four care staff including a senior staff in an afternoon and evening and two staff at night. In addition a member of staff was on call overnight. The home also had a domestic who worked four days per week, a cook six days per week and a registered manager who worked in the home three days per week and was available on other days.

We looked at a sample staff rota and saw that these staffing levels had been maintained. We saw that although care staff spent time carrying out cleaning and kitchen duties people had their needs met. Although staff were busy they had the time to patiently support people and spend some social time with them, providing reassurance and company if people needed it.

Many of the staff working at Sunnyside had worked there for many years. We looked at recruitment files for two members of staff who had commenced working at the home in the past 18 months. Prior to commencing work the home had undertaken checks including obtaining references and a Disclosure and Barring Service (DBS) check on the person along with proof of the person's identify. This helps to check that the person is suitable to work with people who may be vulnerable.

Good

Is the service effective?

Our findings

People told us that they had received the support they had needed with their health care. One person told us, "Staff do know what to do if I am ill." Another person explained, "They get the dentist. If I have pain they get the doctor."

The people living at Sunnyside told us that they liked the meals provided and had always had a choice. One person told us they preferred home cooked meals and we saw that arrangements had been made for them to have these. People told us that they could have a drink and snack at any time with one person explaining, "You can have a cuppa anytime, at night just ring the bell.
Another person told us, "I can eat in my room if I want, the food is very good. I get two choices."
We spoke to a visiting health professional who told us, "Staff are really good at picking things up and referring quick." They also said, ""They always follow advice and have evidence, they do charts."

A second health professional confirmed this and explained, "There is a good level of care, they are co-operative, give a good history."

Records showed that the home had made appropriate referrals for people to obtain medical and health advice. This included routine referrals such as the dentist and optician as well as more specialist referrals including to the geriatrician for mental health assessments and also for equipment the person may need. Monthly assessments had been carried out on people's risks of pressure sores and any nutritional risk. These assessments had been carried out more frequently as the person's needs had changed. Records were maintained of people's weight and action taken to obtain advice if they had lost weight.

The home used outside caterers who supplied ready-made meals that were cooked in the home. The manager explained that this enabled them to provide meals that met any religious or cultural needs as well any diets people required for their health. There was always choice of two meals in addition to which the home would make alternatives. The manager explained that some of the people living at the home had said they preferred home cooked meals. We saw that these were also made available, with a stew being prepared for the evening of our inspection.

There were sufficient supplies of food available in the home including fruit and vegetables. Throughout our inspection we saw that people were offered drinks and snacks regularly. We also saw that people had jugs of drinks available in their room. When needed, a record of people's food and drink intake had been maintained.

We observed part of the lunchtime meal and saw that people were given a choice of meals and that staff provided the support people required. We also saw that people could choose to eat in the dining room or their bedroom as they preferred.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. Records showed that the home were working within the principals of the MCA and that DoLS applications had been made when needed.

The manager had a good understanding of the DoLS process and also of the need to hold a 'best interest' meeting for people who may lack the capacity to make a particular decision. She explained and records confirmed that they had arranged for an interpreter to support one person living at the home and their relatives so that an impartial person was available to explain the information to the family and interpret for them.

Care plans had been signed by the person or their representative to show that they had discussed the care the person required and agreed with it. This included people being asked who they wanted their care discussed with and arrangements for them going out of the home.

Staff told us they had received the training and support they needed to carry out their role. One member of staff explained that "It's good they update you, otherwise you can become complacent." Staff said that they were confident if they requested training the management team would "sort it."

The home had purchased a training system which they were working through with staff. They explained that this was a system of work books which staff used, they then had small meeting with staff to discuss the subject following which staff completed a worksheet which was externally marked. The manager explained that they were working their way through the subjects with staff. Training was available in a range of applicable areas including, nutrition, dementia, infection control, medication, fire and record keeping. Records in the home confirmed that staff had commenced the process of working through these courses. All staff had completed training in food hygiene, medication and safeguarding adults and six members of staff had completed training in understanding dementia.

Two members of the management team had completed a 'train the trainer' course which qualified them to teach staff moving and handling, health and safety and emergency aid. Records confirmed that staff had undertaken these courses.

In addition, all members of the care team held a National Vocational Qualification in care (NVQ) and arrangements were in place for any new staff to undertake the nationally recognised care certificate. Two members of the management team were working towards a level 5 NVQ in health and social care and the manager had a master's degree in Public Health.

A poster advertised upcoming training for staff in understanding Deprivation of Liberty Safeguards (DoLS). The manager explained this had been arranged in response to questions staff had on the impact a DoLS would have on people and the support they would receive.

Records showed that individual one to one supervisions had been arranged for all staff and we saw that this

process had commenced. Supervision provides staff with the opportunity to discuss their work, any concerns they may have and their future training needs. Staff confirmed that they had received supervision from senior staff with one staff member explaining, "The manager asks what you would like to improve on."

All bedrooms at Sunnyside are single rooms with all but two providing en-suite bath or shower facilities. The provider had commenced the process of up grading en-suites. We saw two that had been upgraded and noted that these had been done to a high standard and met the individual needs of the people living in the room. The two bedrooms without en-suites had a sink available. In addition there were toilets and two shower rooms available for everyone to use. People shared a lounge, a dining room and a smoking lounge, with a sun lounge also available. A lift took people to all floors with a small wheelchair accessible lift available to take people to the sun lounge.

Corridors were wide enough for people with mobility difficulties to get around and we saw that grab rails, raised toilet seats and call bells were available throughout the home.

Good

Is the service caring?

Our findings

The people living at Sunnyside told us that they liked living at the home and liked the staff team who supported them. One person told us, "it's great, I can't fault it." Another person told us, "I like it here, I like the company."

Comments we received from people living at the home about the staff team included, "They listen." "Staff are so precise they will do anything for you." "Staff are decent, most are excellent." and "Staff are nice, patient."

A visiting health care professional told us "Staff are lovely; I have never seen anything I am not happy about. It is one of the better ones." A second visiting health professional told us, "Staff are lovely, they have lots of time for them, they treat them with respect. This is one of the better ones. It's home from home." A third health professional confirmed this saying "It's clean, staff are lovely, service users seem happy."

Staff told us that they enjoyed their job with one member of staff commenting "I love my job, I would not like to work anywhere else." A second member of staff told us "We are like a family, the staff and the residents."

The people living at Sunnyside told us that they were able to make decisions for themselves. One person explained" I make all my own decisions.", a second person told us "You can please yourself." People were aware of their care plans and told us that staff had discussed the contents with them. Care plans contained signed agreements from people in areas such as who their care should be discussed with and agreement to having their photograph taken.

Throughout the inspection we saw that staff took time to talk with the people living at Sunnyside and to communicate with them in a way the person understood. We saw, and discussions with staff confirmed, that they had the skills and understanding to care for people at all stages of their life whether the person was unwell and needed reassurance and a patient approach, or they needed held with their hobby.

We saw staff caring for a person who was unwell in bed and observed that they took the time to read the paper to the person, sit closely so they could hear and hold their hand. Staff told us about another person who was very private but would sometimes appear "a bit down." When we asked how they supported the person they explained they informed the manager who would talk with the person and help them but would also respect their privacy and not discuss private information with staff where they did not need to know this.

Records showed, and a discussion with the manager confirmed, that where a person and or their relative did not speak English as a first language the home had identified this and arranged for an interpreter to attend a meeting to discuss the person's future care. This was good practice as it enabled other family members to attend the meeting as a family member and without them needing to interpret potentially emotional information.

A member of staff explained that a regular newsletter about the home was produced. They explained this helped to ensure people living there and their relatives knew what was happening in the home. On the second day of our inspection we saw that the February 2016 newsletter had been printed and was available at the entrance to the home, we also saw that the people living there had been given a copy. We looked at this and the newsletters published in October and December 2015. They contained information for people on activities that had taken place and upcoming events. They also welcomed new people to the home and remembered people who had passed away.

Information was also provided about staff promotions and one newsletter provided people with brief information about Lewy Body dementia and how this can affect people. In addition the February 2016 newsletter included reference to our inspection and provided contact details for anyone wanting to talk to us. The newsletter is very good practice as it keeps people informed what is happening in their home as well as providing information that they may find useful.

Good

Is the service responsive?

Our findings

The people we spoke with who lived at Sunnyside told us that if they had any concerns or complaints they would feel confident to raise them with staff. One person told us "I trust staff, I would go to them." Another person told us "They always do sort it out."

People also told us that if they needed support this had always been quickly provided. We saw that people sitting in their rooms had easy access to their call bell and one person explained "They put a longer lead on it so I could reach."

Throughout our inspection we saw that staff were available and responded quickly to requests for support from people. This included when people wanted to discuss issues or concerns they had as well as responding to personal care needs.

A complaints procedure was available within the home providing information and guidance on how to deal with any complaints including the timescales required for responding. Information on how to raise a complaint was available to the people living at the home and any visitors via a poster at the front door. However this advised that if people were not happy with the outcome they should contact the Care Quality Commission (CQC). CQC are not a second line complaints organisation and do not investigate individual complaints within a care home, however people can contact CQC with information or concerns at any time. Reference should be made to the appropriate Ombudsman if a complainant is unhappy with an outcome. We discussed this with the manager who agreed to alter the details on this poster.

No complaints had been recorded by the home in the past year. The manager explained that any informal concerns people raised had been dealt with quickly and informally. An example of this was the response from the home when some people had said they preferred home-cooked meals. The manager had a good knowledge of the complaints process and was able to explain the actions she would take to investigate and resolve any complaints within a timely manner.

Individual care files were in place for all of the people living at Sunnyside. Assessments had been carried out to establish the person support needs. These included assessments of their physical and mental health as well as information on them as a person. Where the assessment identified that the person required support from staff a written care plan was in place to provide guidance. We found that the information in care plans tallied with the information given to us by staff and the person themselves. Care plans had been reviewed on a monthly basis or more frequently if required. Each person had a book to record their health and wellbeing and the daily support they had received. We saw that this contained detailed information that would help staff to identify any changes to the person's needs.

We found that staff knew the people living at Sunnyside very well and were able to explain their care needs, how they communicated and their choices. Staff responded to people in different ways based on the person's communication style and understanding and they took time to explain to people the care they were providing and to answer any questions people had.

People living at Sunnyside told us that activities had taken place which they had enjoyed. One person told us they had enjoyed going shopping with staff although they would like this to happen more often. Another person told us "I go to the bingo. I like the Tai Chi."

Cable television had been fitted in the sun lounge so that anyone who liked sport could watch it. We saw that this was made use of and that staff spent time discussing people's hobbies with them.

An external hairdresser visited Sunnyside weekly and members of a local church also visited weekly to provide communion and prayer to those who wished to participate. Visiting therapists provided hand massage and Indian head massage and Tai Chi sessions had also been held regularly at the home.

People had regularly visited a local church to attend social afternoons. The manager explained that this was part of a community project and bingo had been held in the home regularly to which members of the project had been invited. She also explained that the project provided a be-friending service for people living at Sunnyside who had no immediate family or friends to visit them.

Photographs and information in the newsletters produced by Sunnyside showed that activities in February 2016 had included, walks in the local park, social afternoons at the local church, communion, bingo, skittles and singing.

Good

Is the service well-led?

Our findings

Sunnyside had a registered manager in post who had worked there for some time and knew the people living there well. The management structure consisted of the registered manager, two deputy managers and two assistant managers. In addition the home had six senior care staff. The manager explained that they used this management structure as a way of providing a career path for staff working at the home and we saw that all members of the management team had responsibilities that were then overseen by the registered manager.

Throughout the two days of our inspection we observed the manager and deputy managers interacting with people living at the home. We saw that they put people first, took time to talk with them and provided good role models for staff to follow.

The people living at Sunnyside told us they had confidence in the management of the home. Their comments included "They listen." and "They are always about."

Staff told us they had received the support and guidance they needed from the management team. Their comments included "They discuss things, you can't fault them." and "They are brilliant, approachable, like a family."

Care plans had been reviewed regularly to ensure they were up to date and contained relevant information about the person's current support needs.

Monthly meetings had been held with the people living at Sunnyside. This had given them the opportunity to discuss issues that were important to them. Recent discussions had included activities and their opinion of the meals provided. We saw that action had been taken on the comments people had made. For example homemade meals had been introduced for people who preferred them.

We saw that staff files had been audited to ensure they contained the information needed. A system for auditing medication was in use at the home however following the first day of our inspection this had been revised to make it more robust.

The manager told us that she had recently worked a night shift as a result of which she had made some changes to how night staff operated. She talked us through these and explained that it included a cut off time for using cleaning equipment and asking staff not to go into people's bedrooms with laundry unless they were also checking the person. These changes had been introduced to help provide people with a better quality sleep.

One of the assistant managers lived on site and they explained that they regularly walked through the home at different hours of the day and night and this provided an opportunity to check the care being provided. Similarly the manager explained that she attended the home at different times and the provider was also on site a lot, enabling them to check on the care provided. These visits had not been recorded which would

provide a way for the home to evidence both good practice they had observed and record any changes they made as a result of their observations.

One of the people living at the home told us that they were unable to access the shower in their en-suite although they could use a shower room elsewhere in the home. They told us they would like a bath but no bathroom was available within the home other than those that were en-suite. The manager told us that the provider was considering changes to the layout of the home including providing a bathroom with a bath as one of the people living there had raised this with him. This showed us that the provider talked with people living in the home and where possible tried to act on their views.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not properly and safely managed.