

Mr & Mrs A Wood

Sunnyside Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This inspection was unannounced and took place on 16 and 17 March 2018. At our last inspection on the 26 February 2016 and 01 March 2016, the service was rated overall as good the safe domain was rated as requires improvement to improve the medication procedure so that it was safe and effectively managed.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key question of responsive to at least 'good'. At this inspection, we found that they had not fully met this requirement and medication records were not audited effectively to meet the needs of the people living at the home.

Based in a residential area of Liverpool, Sunnyside Residential Home is a care home without nursing and provides support for up to twenty two people. Accommodation is provided in single bedrooms, twenty of which have en-suite facilities. 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.

There was a registered manager in place who had worked at the service for over ten years. 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.

We found breaches in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities). Regulations 2014. These breaches related to having no effective system in place to ensure that the assessing and monitoring of the service was taking place.

Staffing levels were insufficient at times to meet the care and support needs of the people living there. Records of staff duty rotas, the signing in logs and talking to people and staff evidenced this.

The medication procedures were not correctly adhered to as there were incorrect recordings and the safe storage of medication was not adequate.

We saw that the care documentation was designed to be person centred, it had been correctly completed and there were new up dated care plans being introduced. Monitoring records including food and fluid charts and repositioning charts had not been completed appropriately by staff or monitored by the provider to confirm that the care and support had been provided as required in the care plans.

The risk assessments accurately reflected the risks people faced and were recently up dated in the new system called 'Krona'.

Peoples' nutritional needs were met by the service. The chef told us that they provided meals based on people's dietary needs and we saw that they had detailed information regarding the nutritional needs for people with varying religious, medical or cultural requirements.

Although the management had completed audits the outcomes did not reflect the findings of this inspection. The registered manager told us that she would initiate a quality assurance programme to complete all audits again including medication, care plans and monitoring records. This was to address the issues raised from this inspection.

There was a good partnership working with external health professionals visiting the home. The records indicated that communication was in place to ensure safe treatment practices shared, were followed by staff.

The provider was following the Mental Capacity Act 2005 and its guidance although records showed that some people's records required up dating.

We found overall through observation and talking to people living at the home and a relative that the care was good. Staff treated people with kindness and respect.

There was a good range of activities available and some innovative practices were being followed by the provider.

A system was in place to ensure people knew how to complain if they needed to and we found that complaints had been dealt with appropriately.

A range of policies and procedures were in place however some were seen to be outdated. The registered manager told us that they were in the process of updating all of the policies.

The management team were open and transparent during our inspection and worked with us proactively.

Ratings from the last inspection were displayed outside and within the home and on the provider's website as required.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not at times safe.

The medication administration procedure was not followed correctly at times; records, incorrect counts and medicines were not safely stored.

Care records had the relevant up to date details in place to ensure that staff were providing the relevant care and support.

People told us they felt safe living in the home.

Staff were knowledgeable regarding safeguarding procedures.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff training and development were being provided effectively.

Treatment plans implemented by external health professionals were adhered to effectively by staff.

The provider followed the requirements the Mental Capacity Act 2005.

Good ●

Is the service caring?

The service was caring.

Staff we observed interacting with people treated them with kindness and respect.

Staff communicated well with the people they were supporting and showed patience and understanding and gave them information and explanations about what they were about to do.

Peoples' friends and family were able to visit the home at any time.

Good ●

Is the service responsive?

Good ●

The service was responsive.

Care plan documents were designed to be person-centred, they were mainly completed properly. Records were up to date and staff were following the wishes of people.

People were offered choice about their food and were able to experience activities they preferred and enjoyed.

A system was in place to ensure people knew how to complain if they needed to and we found that complaints had been dealt with appropriately.

Is the service well-led?

The service was not always well-led.

The manager was registered with the CQC.

We found that the probable cause of all the issues was the lack of robust management oversight and effective auditing and quality assurance procedures. Some auditing had occurred, but the findings were not the outcomes of the issues we found.

Requires Improvement ●

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by information of concern from an anonymous source and correspondence to and from the provider and CQC. This inspection took place on 16 and 17 April 2018 and was unannounced. It was carried out by one adult social care inspector.

We checked with the local authority and also looked at our own records to see if there was any information we should consider during this inspection. We looked at the information the service had sent to us as statutory notifications. We also looked at the local Healthwatch website to see if they had recorded any concerns about the home.

We used the short observational framework for inspection (SOFI). SOFI is a tool developed and used by CQC inspectors to capture the experiences of people who use services who may not be able to express their views for themselves.

We used pathway tracking to follow three peoples' care through from its planning to its delivery. We spoke to three people using the service, one relative, the registered manager, deputy manager an assistant manager, a senior carer, a carer and the cook. We looked at four staff recruitment files, training records for all staff, five medication records and other records relating to the running of the service.

Is the service safe?

Our findings

At our last inspection on the 26 February 2016 and 01 March 2016, the service was rated overall as good the safe domain was rated as requires improvement to improve the medication procedure so that it was safe and effectively managed.

On this inspection we found that the medication procedure was not monitored effectively and the provider remained in breach of Regulation 12 on this inspection.

We asked people if they felt safe with the care staff looking after them. One person who lived at the home said, "I am safe, they [staff] look after me". A second person told us "I feel safe and secure here". A third person told us "I think I am safe, no concerns to make me think I'm not".

We checked the management of medicines in the home and observed a medicines round. The deputy manager undertaking the medicine round checked all identification photographs for each person prior to administering the medication, the trolley was being kept locked throughout and in between when unattended. We observed medicines were being signed for in line with best practice only after each person had taken their medication.

We looked at the Medication Administration Sheets (MAR) sheets for five people and found inconsistencies in three. For example; two peoples' MAR sheets and the records in the controlled drugs register were incorrectly filled in for their pain relief patches. The administration varied from the prescribed dates. Another person's MAR showed that they should have had a count of 28 tablets and there were only 24 in stock.

During the inspection we looked at how medicines were stored within the home. Medicines were stored within a trolley in a locked medication room. The temperature of both the medication room and the medicine fridge were not monitored and recorded each day as required to ensure medicines were safely stored within safe ranges. If medicines are not stored at the correct temperature it can affect the way they work.

This is a Breach of Regulation 12 Safe care and treatment of the Health and Social Care Act Regulations 2008 (Regulated Activities) 2014. This was because medication was not stored effectively and administered as prescribed.

We also checked the Controlled Drugs register for other people and the drugs returned books which were up to date. We asked the registered manager about the system in place to monitor peoples' medication records. The manager said that the medication records were audited by one of the management team every three months. We were provided with a copy of the last medication audit dated 9 January 2018, the document did not contain details of who carried out the audit or that the registered manager had checked the audit.

This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014. Good governance. This was because medication records were not monitored effectively.

We found safeguarding policies and procedures were outdated and was told by the registered manager that all policies and procedures were being updated. There had been no safeguarding notifications reported by the service in the last 12 months. The registered manager and staff spoken with all were aware of the procedure to report to the relevant local authority safeguarding team and the commission. There was an allegation made directly to the commission that was dealt with appropriately by the registered manager when information was requested. We also looked at the areas of concern at this inspection and liaised with the safeguarding lead at the local authority.

We received concerning information regarding staffing levels within the care home prior to the inspection. We found there were not always enough staff to provide care for people. We asked the registered manager about staffing levels and they responded "Staffing has been an issue as we have had staff leave and recruitment has been problematic, but we have now recruited more staff". We also looked at the staff rotas and logging in book that informed at times there were low levels of staff on duty. Staff we spent time talking to told us that there had been issues with staffing levels and they had volunteered to do extra hours.

We looked at the systems in place for the safe recruitment of staff. We found although the provider had a recruitment process in place it was not followed as it did not provide sufficient information regarding applicants and their suitability for the role. The registered manager explained an applicant would complete an application process to assess their suitability for the job, attend an interview and provide contact details of people to provide a reference. A Disclosure and Barring Service (DBS) check was also completed before staff began working at the service. DBS checks include criminal record and barring checks for person's whose role is to provide care or supervision.

We looked at the recruitment records for four staff. Records we looked at indicated that references had been sought for staff members however one member of staff only had one reference in place. We also found one member of staff had not fully completed their application form as little information was completed of their work history. There were no photographs of the four staff in their files to ensure proof of identity was established by the provider. This meant that the provider had not obtained or checked that the staff had the relevant recruitment records in place.

This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. This was because recruitment records were not monitored effectively.

We looked at how accidents and incidents were managed. Although no recent concerns had been reported; the registered manager told us there was no analysis of the accident and incident information. This meant they did not have a suitable and effective system in place to learn from and prevent similar accidents and incidents from occurring in order to protect people who from preventable harm.

This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. This was because there was no effective monitoring system in place.

We asked the registered manager about the system in place to monitor the fire alarm tests. We were provided with the fire alarm record book that had checks completed from 1 December 2017 up to 28 March 2018. The record informed that the weekly checks had not taken place from 6 December 2017 up to 20 December 2017 a gap of two weeks, and the last check was completed on the 28 March 2018.

We asked the registered manager about the system in place to monitor the water outlet temperatures. We

were provided with the records dated from 18 February 2018 up to 9 April 2018; the registered manager informed that these were completed monthly. We discussed the records with the registered manager as temperatures were being recorded that informed hot water was not set at the required safe temperatures. Records showed temperatures were flowing as low 15 degrees Celsius in rooms one and two. Good practice health and safety guidelines recommend that hot water temperatures should be stored at 60 degrees Celsius and should not exceed 43 degrees Celsius. However hot water flowing at 15 degrees Celsius is cold at source.

This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. This was because there was no effective monitoring system in place.

Personal evacuation plans [PEEPS] were seen in care plans and in the service information folder for new staff and agency staff. We viewed the gas and electrical certification which were valid. The service had been awarded a five star rating by Environmental Control on their last visit to the care home.

We asked for the last infection control audit and the registered manager provided the last external audit that was completed by Liverpool community health on 14 December 2016. The outcome from the audit was that the service was 95% compliant.

Is the service effective?

Our findings

Care records we looked at showed an assessment of a number of areas including personal care, medical history, dietary needs and sexuality had been considered when developing people's care plans. People told us staff were responsive to changes in their health needs and where required took appropriate action. People said staff provided assistance to attend healthcare appointments but mainly they had the health support at the home. One person said, "They make my appointments for me when I need them and always tell me when I have to go". Staff we spoke with gave examples of times when they were required to inform one of the management team to get medical attention for a person and were able to clearly explain the process to follow when someone required medical help. Care records we looked at also included details of healthcare needs so that staff had an understanding of people's needs along with contact details of healthcare professionals where required.

We looked into how effective the care was. One person told us "I am very happy about the care here" A second person said, "All the staff are really good and they do care". A third person told us "Staff are very good, will do anything for you I wouldn't stay here if they weren't kind".

Staff we spoke with said they were supported by the registered manager and said they felt confident in their roles. Staff members told us they had received an induction and training. The Care Certificate was being implemented and staff were being supported to complete these national care standards. One staff member told us the training was good and they had received a mixture of training by watching DVD's and interactive classroom training. They also said they undertook a number of different refresher training courses which gave them the knowledge and skills to support people. For example, moving and handling, safeguarding, medicines, infection control and health and safety. Another staff member told us, "I have had lots of training and it's good because you learn. I do need to do a refresher for some training; the manager has booked it in a couple of weeks for me to do". Most staff told us they had not received one to one meetings, but had their competency checked by the registered manager at their annual appraisal. All staff told us they had received training and felt they had the skills to meet people's varying needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 on authorisations to deprive a person of their liberty were being met.

There was a Mental Capacity 2005 framework seen within the care plans we viewed and best interests processes seen in the records. There was a DOLS tracker for the home and we viewed DOLS applications which had been sent to the Local Authority when appropriate.

Most people told us they liked the food they were offered. We found people were being supported to eat and drink and there was a care plan record in place that recorded people's nutritional requirements. We observed a lunch time dining experience and observed people being supported appropriately with eating and drinking. We found people who required weekly or monthly weights were being weighed accordingly. People's allergies were being recorded and their special dietary requirements.

We found a lot of evidence of healthcare professionals being involved in people's care at the home and referrals were being made for people to receive health care. People's care needs were being assessed according to their wishes within their care plans.

Is the service caring?

Our findings

We asked people if they felt cared for. One person said "It is a good place to live". Another person said "I'm as happy as I can be here, would rather be in my own home but I know I'm not able on my own. The staff are very respectful and kind". A third person said "Staff are very kind they support me with all care tasks. They treat me with dignity at all times". A relative told us "[service user] cannot be in better looked after, brilliant care. I can't fault them here".

There was a calm atmosphere within the home and staff were frequently seen smiling, singing and laughing with people. We observed caring and warm interactions between staff including the registered manager and people who were living at the home. Staff told us how they were motivated to do all they could to support people they were caring for and demonstrated this during our inspection.

People's dignity was upheld during a SOFI observation we undertook over a lunch time period. Menus were visible on the notice board and each table had a table cloth and napkins for people to use. Other people were offered the choice of a napkin being placed over them so as not to stain their clothing. People were offered a second portion if they wished and people were being encouraged to be as independent as possible.

Newsletters were produced by the provider for people and their relatives showing events at Sunnyside and local events in the community that had taken place with photographs. There was also information in place for upcoming events. The home is currently sponsoring a youth football team that one person told us is "Rather nice".

We observed people moving around the care home freely and people were being asked what they would like with their preferences being taken into consideration. Advocacy services were available for people who required them.

Is the service responsive?

Our findings

People told us they were treated as individuals and staff were responsive to their individual needs. Comments included. "I don't need a lot of personal care but I do need support and staff always help me when required" and "Staff know exactly what I need and they are always there when I need it".

We reviewed care plans and saw that they were up to date. We looked at records relating to the care staff provided for two people to help them reposition in order to prevent pressure ulcers developing. We found however, that these records had not been fully completed. For example, the care files stated that they required support from staff to reposition every two hours. Records of staff monitoring and supporting were not being completed and we saw gaps of when the support should have been provided. There were also gaps in food and fluid records for the two people. We discussed this with the management team who agreed to ensure records were completed in a timely way. This meant that the monitoring of the records was not robust and they did not accurately reflect the care provided.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at three care plans and how people were consulted in relation to their plan of care. Care plans were person centred and responsive to the needs of the individual. The care plans we viewed contained specific information about the person such as where the person was born, names of places important to the person, previous hobbies or occupations. Relatives also had input into providing this information when the person first arrived at Sunnyside. Care plans were reviewed regularly and any changes were clearly recorded in the person's review record.

A complaints policy was on display in the 'Service user guide' which was on display by the main front door. The people we spoke with told us they had no cause to raise a complaint but felt comfortable in approaching staff and the registered manager directly if they had to raise a concern. People told us they felt confident that their concerns would be listened to and taken on board.

The service was not currently supporting any people at the end of their lives. The registered manager told us they would find the most effective way of supporting people's end of life wishes if they requested to stay at the home. The registered manager told us how they liaised with the relevant health care professionals and with the local authority in respect of how to best provide the care for a person when required for end of life care.

People living at Sunnyside enjoyed access to the local community and staff promoted social integration through the local churches and other social events. The activities were ad hoc and the registered manager showed us a white board in the hallway that had activities for the day written on it. The registered manager told us that the assistant manager responsible for the activities programme was absent and all staff were

expected to initiate activities of peoples' choice. There was a new initiative that had been implemented a befriending service with a local nursery where children went to the home and spent time with the people. Also the people visited the nursery, the registered manager told us this was a great success and all thoroughly enjoyed it. There were future plans to carry on meeting.

We observed staff interacting with people over the two days, activities included singing and dancing in the lounge, watching an old film and playing board games. People's comments included, "Staff always ask me if I want to do things", another person said "I spend time with my friends here every day". People enjoyed sitting in the main communal lounge to watch TV and there were books, games and colouring materials within the home.

Is the service well-led?

Our findings

We looked at what systems were in place for the provider and registered manager to be able to monitor the quality and safety of the service provided at Sunnyside. Records the registered manager provided us with showed that audits took place infrequently and we found that these checks did not identify the concerns highlighted during the inspection, such as those relating to staff recruitment records, supervision meetings, medication records, fire alarm checks and water temperature checks. We found room monitoring records for repositioning and food and fluid records that had been implemented due to risk were not completed effectively by staff and not picked up by management.

We asked the registered manager for records of when night time checks and monitoring was completed. The registered manager told us that the responsibility was delegated to an assistant manager. There were no records of any night time checks being completed, this meant they did not have a suitable and effective monitoring system in place to ensure people were receiving the care as required in their care plans.

The registered manager described how the service had developed over the past few years and how residential care had changed. During our inspection, we observed people approach the registered manager with ease and sense of familiarity, to have a chat or ask for help. People had opportunities to comment on their experience of care through the circulation of quality assurance surveys. We reviewed the latest results and saw that the responses were mostly positive. However there was no system in place to demonstrate how the provider had actioned any issues raised by people. We discussed this with the registered manager as there was a failure to ensure that suitable and effective systems and processes were in place to assess, monitor and improve the quality of the service.

These are breaches of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people what they thought about the management within the care home. One person told us "I don't know who the manager is. If I am concerned about anything, I would go to [staff member] the senior carer". A second person said "I think the manager is really nice".

We found residents meetings were being held within the care home. We viewed the minutes of the residents meeting dated 07 April 2018. The minutes identified some of the issues at that time for people. For example, the minutes stated "there was a request that home cooked food is served in the evening, this is now taking place and residents' enjoying it".

Staff told us they enjoyed working at the home. One staff member said, "The manager is very supportive and listens to what I say. All the staff get on mostly, I love my job I have built relationships with people living here". Another staff member told us, "The, [registered manager] is really good and does support me. There is an issue though at times with the other managers helping us with the residents, especially when we are short staffed".

A range of policies and procedures were available however some required updating, for example, the safeguarding policy and procedure. Staff we spoke with were aware of the policies and when staff commenced in post they were provided with and signed for, an employee handbook which included information on the essential policies of the organisation.

The manager had notified the Care Quality Commission (CQC) of all incidents that had occurred in the home in accordance with our statutory requirements. This meant that CQC were able to accurately monitor information and risks regarding Sunnyside.

Ratings from the last inspection were displayed outside the home, within the home and on the provider's website as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment This is a Breach of Regulation 12 Safe care and treatment of the Health and Social Care Act Regulations 2008 (Regulated Activities) 2014. This was because medication was not stored effectively and administered as prescribed.