

Parfen Limited

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?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Sunnyside is a care home for up to 27 older people. The home is situated about two miles away from Bolton town centre. At the time of the inspection there were 24 people using the service.

People's experience of using this service:

At this inspection we found three breaches of The Health and Social Care Act (Regulated Activities) Regulations 2014 with regard to safe care and treatment and good governance.

Some improvements had been made in the area of medicines management, though thickening agents for drinks and creams for external use were not always stored correctly. We also found a number of issues with regard to safe storage of items that could cause harm.

The service did not have a current legionella certificate in place, to show that water was being monitored for bacteria. This could place people at risk of harm. Some cupboards and rooms containing dangerous or harmful substances were not secured, placing people at risk of harm.

Record keeping, and quality assurance were poor. Recording of people's weights and food and fluid intake was not always up to date. Some audits and checks were not up to date and there was no oversight from the provider in evidence. Quality assurance issues had been raised at the previous inspection.

The provider had put in a building improvement plan to be implemented over the next two years. This was in response to the previous fire risk assessment which had identified some significant risks within the ceilings of the premises. The provider was keeping two vacancies at the home so that the work could be done area by area, moving people who used the service to the vacant rooms when needed.

Medicines systems were mainly appropriate, and medicines were given safely.

There were some issues with regard to people's confidential information not being kept as securely as required.

Water temperatures varied considerably around the home and there were no radiator covers in use. These issues could pose a risk of injury to people who used the service. The manager agreed to address water temperatures and request radiator covers be fitted by the builders who carried out their general maintenance, immediately following the inspection.

Wardrobes were not fastened to the wall in people's bedrooms, which could result in a person who used the service suffering injury. This was actioned immediately following the inspection.

Safeguarding concerns were followed up appropriately and people felt safe at the home. Staff understood how to raise a concern.

Staff recruitment systems had been improved and the manager was still working through staff files to ensure they included all relevant information. All staff had current Disclosure and Barring Service (DBS) checks, although one member staff appeared to have worked prior to the DBS check being obtained, which was discussed with the manager. Staffing levels were good and there were sufficient staff to meet the needs of people who used the service effectively.

The service had an infection control policy and procedure and a file with information and guidance. Their latest audit had been poor, and they were currently receiving support with improving their infection control and prevention procedures within the home from the local infection control team.

The care plans included health and personal information and there was evidence of partnership working with other health and social care professionals and agencies. There was evidence within the care files of people's involvement in care planning and reviews, where they had capacity.

New staff were required to complete the Care Certificate on induction and there was on-going training and refresher courses.

There was some signage around the home to assist people to orientate themselves to the building. Staff were seen to respect people's dignity.

The service was working within the legal requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff were able to explain about protected characteristics and how people were treated equally with respect for their diversity.

People were supported to follow their interests, hobbies and beliefs. There was a programme of activities on offer and outings were being arranged for the summer.

Complaints were logged and responded to appropriately and the home had received a number of compliments.

People's wishes for when they were nearing the end of their lives were recorded within their care files, if they had made these known.

People who used the service and staff felt management were approachable and supportive. The manager was relatively new and not yet registered with the CQC. The manager and deputy manager were working through an improvement plan, implemented with the local authority Quality Monitoring Team. The Quality Monitoring Team reported some progress with the plan, but some requirements remained outstanding.

The manager had begun to attend local care home forums to discuss updates and current good practice.

Rating at last inspection:

The service was last inspected on 7 and 13 March 2018 and the report was published on 21 April 2018. At the last inspection the service was rated Requires Improvement in safe and well-led and good in the other

domains. This was because medicines systems were not robust and quality assurance systems were poor. The service was therefore rated Requires Improvement overall.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Inspection timescales are based on the rating awarded at the last inspection and any information and intelligence received since we inspected. As the previous inspection was Requires Improvement this meant we needed to re-inspect within approximately 12 months of this date.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit in accordance with our re-inspection programme. If any concerning information is received, we may inspect sooner. Sunnyside Residential Home will complete an action plan detailing how they plan to meet the breaches of Regulation laid out in this report.

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

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 always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Sunnyside Residential Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one adult social care inspector and an assistant inspector from the Care Quality Commission (CQC).

Service and service type:

Sunnyside Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service has a manager who was in the process of registering with the Care Quality Commission.

Notice of inspection:

The first day of the inspection was unannounced.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the home.

We asked the service to complete a Provider Information Return, which we received. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority commissioning team, the local safeguarding team and Healthwatch, Bolton. Healthwatch England is the national consumer champion in health and care.

During the inspection we spoke with four people living at the home about their experiences of the care provided. We also spoke with three visiting health and social care professionals.

We spoke with the manager, the deputy manager, a senior carer and a care assistant.

We reviewed four care files, five staff personnel files, training records, health and safety records, meeting minutes, audits and other records about the management of the home.

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

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management:

- On testing the water in various rooms in the building we identified that some water was extremely hot and other taps were broken or there was no hot water at all. No water temperatures were being taken at the service to ensure they were within safe limits. The Health and Safety Executive states water temperatures must not exceed 44°C for people living in care settings who are at risk from scalding from whole body immersion.
- A legionella risk assessment had been obtained following the previous inspection. A legionella assessment and management programme are required to help ensure that the risk of legionella via bacteria in the water system is managed as required. However, issues identified at that assessment, such as regular testing of the water temperatures, had not been followed up with actions and there was no current certificate of compliance in place. This area had also been highlighted as requiring improvement in the most recent infection control audit.
- We spoke with the manager and by the second day of inspection thermometers had been obtained to start monitoring the water on a daily basis. The manager had also requested valves be fitted to ensure the correct water temperatures could be set. This was to be done within a matter of days.
- There was a certificate in place evidencing a thorough examination of the passenger lift.
- On inspecting the premises many of the doors to cleaning cupboards and sluice rooms were unlocked. This could result in people living with dementia having access to a range of toiletries and dangerous substances and chemicals. We spoke with the manager who agreed to ensure these were locked in future. On the second day of the inspection some of the doors to cleaning cupboards were still left unlocked. The manager had spoken to staff about the need for these to be locked, so put twice daily checks in place to ensure this was done.
- None of the wardrobes in people's bedrooms were fastened to the wall, which could result in a person who used the service suffering injury. The manager requested this be done immediately following the inspection.
- There were no radiator covers on any of the radiators throughout the building. This could result in people who used the service suffering injuries. The manager agreed to request covers for all the radiators following the inspection.

The above demonstrated a breach of Regulation 12 of The Health and Social Care Act (Regulated Activities) Regulations 2014 because care and treatment was not being provided in a safe way for service users.

- Work had been carried out to improve and upgrade the fire escape and steps to help ensure these were safe.
- There were individual risk assessments held in the care files for areas such as skin integrity, nutrition, moving and handling and falls. These were to be reviewed monthly. In two out of the four care files we

reviewed on the first day and the one we looked at on the second day, this had been done. However, in two files risk assessments had only been reviewed up to February or March 2019, meaning they were a little out of date, although this would have little impact on people who used the service. We spoke with the manager who was in the process of updating all the care files and they agreed to address this immediately.

- There was a health and safety policy and a file containing information and guidance. Certificates for servicing and maintenance of equipment were in place.
- The previous fire risk assessment had identified a number of issues within the building. There needed to be partitions above the ceilings to ensure rooms were compartmentalised. This would impede the spread of any fire. The service had commissioned this work to be done over a period of 12 – 18 months and a detailed plan was in place. The service was waiting for builders to produce Disclosure and Barring Service (DBS) checks to help ensure they would be suitable to work with vulnerable people. Once these were obtained they would be able to commence the work.
- Two bedrooms were to be left empty whilst the work was being carried out so that each area could be worked on with the least disruption to people who used the service. A social worker was involved in helping to coordinate this process.
- The building plan also included making the glass in the dining room fireproof. Another requirement of having door stoppers on all fire doors had already been completed.
- A new fire risk assessment had been requested and was to be carried out in May 2019.
- There was also a fire safety log book where tests and checks could be recorded. However, some of the tests and checks were out of date. This had also been an issue at the previous inspection and had not been addressed. We have commented on this further within the Well-led section of the report.

Using medicines safely:

- Thickeners for drinks, where people experienced swallowing difficulties, were not stored correctly and could have been accessed by people who used the service and caused them harm. These were on a shelf and not in a locked cupboard. They were locked away immediately on the first day of the inspection and the manager agreed to keep them safe in the future.
- A number of creams were stored in unlocked cupboards rather than being stored safely and could have been accessed by people who were living with dementia. Some of the creams did not have names on them. These had to be disposed of immediately to help ensure people were kept safe.

We recommend the provider ensures thickeners and creams are stored in accordance with current good practice guidance.

- We asked if people understood their medicines. Comments included, "I do [take medicines] yes, they are round orange pills, but I don't know what they are for"; "No, I don't know"; "Yes I take a few different medicines in a morning and dinner and tea including [medicine name] but I can't remember what they are all for."
- The lack of appropriate medicines policy and protocols identified at the previous inspection had now been put in place. Other than storage issues with thickeners and creams the policy and protocols were being followed correctly.
- Staff had undertaken training in medicines administration and refresher training was taking place.
- The medicines room was clean and tidy, fridge temperatures were recorded daily and were up to date and systems for ordering and disposal of medicines were robust.
- Medicines audits were in place and issues identified actioned in a timely way. However, the audits had not picked up on issues with storage of thickening agents and topical creams.

Systems and processes to safeguard people from the risk of abuse:

- There was a new and appropriate safeguarding policy and procedure in place.

- A whistle blowing policy was in place and this was pinned up on the wall as 'policy of the month'. This meant staff were required to read it and sign to say that they had done so.
- Safeguarding concerns were recorded with the complaints and we discussed the need to separate them to ensure any concerns could be monitored effectively.
- Staff knowledge of safeguarding was satisfactory and safeguarding training had been undertaken by all staff.
- We asked people if they felt safe. Comments included; "Yes, I do" and "Yes, thank you". People said they would speak with a member of staff if they were worried.
- When asked if staff kept people safe, people told us, "I think the staff are very good here they are all very lovely people." One person had suffered a fall from their bed and had a sore arm but had not alerted a member of staff. They had been checked over at the time of the fall and the mark was minimal. This person was independent with personal care, so the mark had not been seen. Once alerted, a senior staff member dealt with the wound, which was quite superficial.
- There was a nurse call system to summon assistance when required. One person was unable to reach this when they fell in the past, but reported, "I shouted for help and they [staff] came in."

Staffing and recruitment:

- Staff files were in much better order than at the previous inspection, though a few gaps still remained. For example, some files did not include interview notes or only had one reference. These were a work in progress and the new manager was in the process of obtaining all the relevant information for the files.
- All staff had current Disclosure and Barring Service (DBS) checks, although one staff member, employed by the previous manager, appeared to have been working prior to the DBS check being obtained. This check had subsequently been put in place. DBS checks help employers ensure people are suitable to work with vulnerable people. Allowing staff to work prior to DBS checks being secured could expose people who used the service to risk of abuse or exploitation. This was discussed with the new manager, who was aware of the need to ensure DBS checks were in place prior to people commencing work.
- Staffing levels were good and there were sufficient staff to meet the needs of people who used the service effectively.
- A visiting health care professional who visited the service on a regular basis told us, "There are always enough staff around."

Preventing and controlling infection:

- The service had an infection control policy and procedure and a file with information and guidance.
- The latest audit had scored 67%, which was rated amber, and there were a number of actions for the service to fulfil in order to improve, including laundry practices and cleanliness of communal bathrooms.
- New washing machines and driers had been purchased. There was a clear process, following recommended guidance around the pathway of dirty to clean laundry and boxes with lids were to be purchased to improve this further.
- The home was clean, and no issues were found in communal bathrooms. No malodours were detected on inspection.
- A nurse from the local infection control team was at the home on the day of the inspection, delivering training and support. They commented that the home was cooperating well with their recommendations and taking on board all advice and support offered. They felt improvements had been and were continuing to be made.
- Hand hygiene observations were carried out and any issues addressed.
- Staff wore appropriate personal protective equipment (PPE), such as plastic aprons and gloves, when carrying out personal care tasks.

Learning lessons when things go wrong:

- The home had commissioned training for all staff where issues had been identified. For example, the infection control team were delivering training on the first day of the inspection as a response to their latest audit, which had identified some shortfalls.
- Similarly, the service had sought training from the Speech and Language Therapy team (SALT) to improve practice in this area.
- Where audits were carried out, for example medicines audits, we saw evidence of lessons learned. Staff had re-training where required and any issues were used as learning.
- However, many of the health and safety audits were two or three months out of date. This was discussed with the manager, who agreed to make these audits a priority and ensure all were up to date from now on.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Food and fluid charts were completed where issues had been identified. However, on the first day of the inspection we saw that the records of what people had eaten at breakfast time had not been documented until after lunch. We questioned staff about this and were told that they had been rushing to attend the training course. We discussed with staff and the manager the importance of recording food and fluid intake as soon as possible to help ensure accurate records. The manager agreed that they would ensure this would take priority over other activities in the future.
- People's weights were recorded when an issue had been identified. However, we saw that some weight records were not up to date.
- New cookers had been purchased and the kitchen had been updated and improved.
- In the kitchen, fridge temperatures were being recorded but food temperatures were not always documented. This meant that people were at risk of harm from foods served at the wrong temperature.
- The service had a food hygiene rating of 4* awarded in January 2019, which is good. However, items such as jars of mayonnaise and pickled beetroot were open, but not labelled with the date of opening. This meant they could be served when past their recommended eat-by date.
- These issues were discussed with the manager on the first day of the inspection.

We recommend that the service follow guidance on safe storage and labelling of foods:

- People who used the service told us, "The food is excellent"; "Yes, the food is very good." We asked what happened if they didn't like what was on the menu. One person said, "They would get me something else – I love shepherd's pie and another resident doesn't like it, so they give her something else."
- People's nutritional needs were recorded within their care files and we saw that special diets were adhered to by the service.
- There were records of people's dietary preferences as well as special instructions for how they ate. For example, in one file we saw that a person was described as a 'slow eater' and the instruction to staff stated they were not to remove food or presume the person had finished until they were sure and to document their food and fluid intake. This helped ensure this person was getting an adequate diet.
- We saw that people who used the service were consulted about the menus and these had been changed recently as a response to what people had said.
- There was little fresh fruit or vegetables in the kitchen. The manager told us they got fresh bananas in sometimes.
- We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

- The dining experience was pleasant, with nicely set tables, though there were no condiments on the tables.
- There was a menu board with the choices outlined but most people were unable to understand this. However, people were shown the different options and were able to make their choices in this way.
- People were given plenty of drinks and staff spoke patiently and kindly to people, assisted and encouraged where necessary.

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

- The care plans we looked at included good information about all aspects of people's health and support needs. There was a pen picture in each file, which outlined key information and signposted the reader to individual care plans.
- Allergies were clearly recorded at the front of the file for easy reference.
- Professional information and correspondence were included within the files.
- There were details of people's preferred routines, risks and measures in place to reduce the risks.
- Any aids and adaptations or equipment used was documented.
- Body maps were in place with regard to any marks, bruises or injuries.
- Care plans and risk assessments were reviewed and updated on a monthly basis, or sooner if changes occurred. However, in two of the five care files reviewed some risk assessment reviews relating to nutrition, falls and skin integrity were not up to date.
- Changes following reviews were written on the care plans but were sometimes unclear. For example, some changes made to care plans were unsigned and undated, making it difficult to know when amendments had been implemented and who had done this. We discussed the need for clearer documentation with the manager.

Staff support: induction, training, skills and experience:

- New staff were required to complete the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life.
- We asked a staff member about their induction experience. They told us, "I got showed around the home shown fire points – looked at the laundry and kitchen."
- Staff supervisions had been commenced on a three monthly basis. These had currently only been done for approximately half of the staff, but a programme was in place to implement them for everyone. Annual appraisals had been carried out for all staff.
- For general training the service used e-learning and they sourced other training from professional agencies as required.
- The training matrix showed that staff had undertaken training the service considered mandatory as well as some supplementary topics.
- We spoke with three visiting health and social care professionals who told us the service cooperated well with them. One professional said, "Staff are prompt to follow instructions, eager to learn and put equipment in place as required."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support:

- There was evidence within the care files that the service worked with other agencies and professionals, such as SALT team, district nurses, social workers and GPs.
- The health and social care professionals we spoke with told us the staff worked well with them, followed advice and engaged appropriately.
- The service used the red bag scheme for people admitted to hospital, where all relevant information was contained in the bag. The aim of the initiative was to improve the experience of people when they were admitted to hospital and reduce their length of stay by speeding up the discharge process and improving communication between hospitals and nursing homes.

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

- There was some signage around the home to assist people to orientate themselves to the building.
- There was a building plan in place to address some structural issues. This also included the decoration of the premises and consideration of how the building could better serve the people who lived there.
- On our tour of the building we saw that one bedroom had a large window that had no opening mechanism. The bedroom was extremely hot, but the person was not in the room at the time. We discussed the lack of opening windows in this room with the manager who agreed to address this as a matter of urgency.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Consent forms were included within care files and were signed either by the person who used the service, if they had capacity, or by their representative. These included consent for the use of photographs, sharing of information, delivery of care and support and participation in outings.
- Staff asked for verbal consent when delivering care and support.
- DoLS authorisations were in place where required and the manager had an overview of when they were due to expire and needed to be reviewed.
- Staff spoken with had received e learning but had a limited knowledge of MCA and DoLS principles. We discussed this with the manager who agreed to make this a topic of discussion in a group supervision session to try to embed the basic principles.

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

People did not always feel well-supported cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence:

- The seniors' office door was open with a chair in the way and boxes propped against the wall. This made it impossible to close the door. Documents and personal information which should have been kept confidential were kept in this room. The manager agreed to ensure this door was closed and locked in future.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 because the registered provider had failed to maintain records securely.

- There were no curtains in the lounge area and this allowed people passing by outside to see into the home. The manager told us they had taken the curtains down as they were frayed and shabby. They planned to request blinds for the window to help ensure people's privacy.
- Staff told us they helped ensure people's privacy and dignity by shutting doors when delivering personal care. They also said, "If they [people who used the service] are telling you something confidentially you respect that."
- Staff were seen to respect people's dignity when assisting them with their meals.

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

- A visiting health care professional said, "Staff are nice with residents and very welcoming with us."
- The home had relevant policies and procedures in place, including equal opportunities and residents' charter.
- Staff we spoke with were able to explain about protected characteristics and how people were treated equally with respect for their diversity.
- There was a service user guide which outlined the service's ethos and included information about care, staff, food, activities and services.

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

- Each file included a personal profile with information about people's mobility, hobbies, family, things they could and could not do, things they may miss and their favourite people.
- The pen picture included information about communication methods. We saw examples of the use of communication cards, pictures and body language to interpret people's wishes.
- Staff were aware of people's communication needs and how best to converse with them.
- There was evidence within the care files of people's involvement in care planning and reviews, where they had capacity.

- When asked if they had a care plan people were aware that they had. Some felt they had been involved and others were unsure.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans were largely person-centred and included goals relating to social interests and hobbies and religion and culture. However, one plan we looked at clearly included a stock statement about religion, rather than something that related specifically to that individual's beliefs. The manager was in the process of updating all the care plans and took on board the need to ensure personalised information was included.
- Information produced by the service could be obtained in large print or other languages if required, to help ensure all had access to it.
- One person who used the service told us how they were supported to attend their place of worship by staff.
- People were asked their preference regarding male or female carers and their preferences respected as far as possible.
- Records indicated that one person was not having showers or baths as often as they said they would like. Staff told us this person often refused a shower. They agreed to try at different times of day and with different carers to see if this made a difference.
- The home had a 'resident of the day' each day, meaning everything about that person's care and support was reviewed and updated on that day.
- There was a programme of activities at the home, there was a part time activities coordinator and a full-time post had been advertised. Activities included games, music, reminiscence, exercises, visiting entertainers and outings. More outings were to be arranged once the advertised post had been filled.
- Musical entertainment was undertaken in the morning of the first inspection day and games were played in the afternoon as well as an exercise session run by an external provider.

Improving care quality in response to complaints or concerns:

- Complaints were logged and responded to appropriately.
- People told us they would be able to complain if they wanted to. Comments included; "I would write it in the complaints book and tell management"; "I never complain but would tell one of the staff – probably [manager's name]."
- There was a tree in the reception area where people who used the service could write comments on a tag and hang them. Comments included; "The staff are always nice to me"; "It's a beautiful place where I live, and the people are nice"; "I like it at Sunnyside. The garden is the best bit."

End of life care and support:

- People's wishes for when they were nearing the end of their lives were recorded within their care files, if they had made these known.
- The manager was in the process of writing to families, where the person was unable to express their wishes, to ask for their input. These letters were evident within the care files.
- The manager attended end of life meetings to help ensure their knowledge was current and relevant.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care:

- Some audits, such as care plan audits, mattress and hand hygiene audits were being completed.
- Random room inspections were undertaken to help ensure staff were performing as required.
- As outlined in the safe section, some audits were not being completed as required. These included fire equipment and safety tests and checks.
- People's weight records were not all up to date. This could mean that people experiencing a weight loss could be put at risk if the service failed to pick this up.
- The shortfalls that we found during this inspection indicated quality assurance and auditing processes had not been effective, particularly in areas such as care planning and health and safety. We found these checks had been completed inconsistently and did not pick up on the issues found at this inspection.
- Some of these issues had been identified at the previous inspection and little improvement could be seen with quality assurance at this inspection.
- There was no evidence of any provider audits or oversight of the service.
- The provider was not fulfilling their responsibility in terms of governance and oversight of the service and practical support for the new, as yet unregistered, manager.

This was breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014 because the service was failing to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- There was a statement of purpose which outlined the organisational structure, services offered, residents' rights, social activities, complaints and protection, environment, staffing, management and administration.

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

- The manager and deputy manager were relatively new to their posts and were aware of the considerable amount of work required at the home. They were working through an improvement plan, implemented with the local authority Quality Monitoring Team.
- The provider did not have robust processes in place to ensure the safety and quality of the service was adequately monitored and improved, and to ensure known risks were acted upon.

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

characteristics:

- We asked people who used the service what they thought of the management at the home. Comments included; "I think [manager] is a lovely person and is very helpful"; "[The management team] is very good, they are all very lovely people."
- The manager regularly assisted people to complete service user questionnaires in areas such as safety, food, activities and outings. We saw that menus had recently been changed as a response to answers from one of the questionnaires.
- Staff we spoke with said they could approach their line manager with any concerns and these would be addressed. They told us, "I think they [management] are trying their hardest – if I go to them with an issue they sort it out"; "I do think the management are trying to do a good job"; "Yes – I think they do a good job."
- Staff told us there was always a manager on call to consult when needed for advice or support.
- When asked if they enjoyed their jobs staff told us, "Yes, I do I love it"; "Yes, I do". The staff spoken to were positive about the care at the home and told us they would be happy for a family member to be cared for at Sunnyside.
- The manager had introduced 'Star performance of the month' for staff. This was to show appreciation for staff who had done something extra special with regard to their performance that month.
- We asked about staff morale and staff told us, "It's quite upbeat and happy really."
- The manager had ensured all staff had received appraisals, but some supervisions were not yet up to date. A new policy was being devised and supervisions were to be implemented for all staff in the near future.

Working in partnership with others:

- The manager had begun to attend local care home forums to discuss updates and current good practice.
- Any training offered by professional bodies was accessed by the service to keep staff skills and knowledge up to date and relevant.
- A barbecue was planned for the summer, to include people who used the service and those in the wider community. This was to facilitate community interaction and involvement.

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 Care and treatment was not being provided in a safe way for service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to maintain records securely.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service was failing to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

The enforcement action we took:

Warning notice