

Mr & Mrs A Wood

Sunnyside Residential Home

Inspection report

37 Ullet Road
Sefton Park
Liverpool
Merseyside
L17 3AS

Tel: 01517337070

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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

About the service

Sunnyside Residential Home is a care home providing personal care to 19 people. The service can support up to 22 people and specialises in providing care to people living with dementia.

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

People's medicines were not consistently managed in a safe way. After the inspection we received information from the registered manager about immediate action taken to address the shortfalls. We were reassured by this. The registered manager had not competency-tested staff responsible for the administration of medicines. Staff had received training in other areas of health and social care to support people in an effective way.

The provider supported people to lead a fulfilled life and considered positive risk taking. Staff assessed people in a person-centred way and record keeping in relation to monitoring of known risk had improved. The environment was clean and well maintained.

People told us they felt the service was sufficiently staffed; staff responded to people in a timely way. The provider had robust systems to protect people from bullying, harassment and abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were robust systems to assess and monitor risk associated with nutrition and hydration. People who lived at the service told us they were satisfied with the food and meal time service. People had access to a wide range of healthcare services and were supported to maintain good health.

Staff interacted with people in a kind and dignified way. People and their representatives provided consistent positive feedback about their satisfaction in relation to the support they received. Staff and people had built trusting relationships and the staff team understood the needs and preferences of people they supported.

Staff encouraged people to maintain important relationships with their friends and relatives. The service had good links with the local community and provided stimulating activities. Staff supported people to discuss their end of life preferences and had a good understanding about dignity in dying.

People received person-centred care. Records showed information about people's past hobbies, achievements and things important to them. People living with dementia had been supported to maintain their identity and staff took pride when assisting someone with personal care.

There was a complaints procedure and people told us they felt confident to raise concerns with the provider and registered manager. The providers were regularly at the service and continued to be involved in the everyday running of the home.

The registered manager worked in partnership with external professionals and was open to suggestions and feedback throughout the inspection. Staff told us the management team were approachable and responsive.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 31 May 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected: This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report. During and after the inspection the provider took steps to mitigate the risks identified around medicines management.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sunnyside Residential Home on our website at www.cqc.org.uk.

Enforcement: We have identified breaches in relation to safe use of medicines and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, a pharmacist inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to our inspection we looked at all of the information we held about the service. This included any safeguarding investigations, incidents and feedback about the service provided. We looked at any statutory notifications that the provider is required to send to us by law. We used a planning document to collate all

this evidence and information prior to visiting the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at the service and three relatives. Not all people who lived at the service were able to provide reliable feedback therefore, we observed care in communal areas. We spoke with the manager, the deputy manager, the assistant manager, three support workers and the chef. We looked at a variety of records which included the care files for four people and three staff recruitment files. We also reviewed a number of records related to the operation and monitoring of the service and medicines management.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at evidence the provider submitted to show how they had taken immediate action to rectify failings in the management of people's medicines.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant 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.

Using medicines safely

At our last inspection the provider had failed to ensure people consistently received their medicines as prescribed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12.

- Systems to manage people's medicines were not robust and people were at risk of not receiving their medicines as prescribed. For example, one person missed their prescribed dose of a medicine that treated their medical condition. The registered manager had not considered alternative times to administer the medicines or informed their GP. Staff did not administer another person's medicine as prescribed 30 minutes before food.
- The registered manager did not ensure clear records were available to guide staff when administering medicines prescribed on an as and when required basis. This meant people unable to reliably identify or communicate when they needed medicines for example, for pain relief, were reliant on staff administering their medicines to have prior knowledge of their usual signs and symptoms.
- Prescribed thickening agents were not accounted for when administered. This meant the provider could not evidence when people had received them.
- Staff administered medicines in an unsafe way. The registered manager had not competency-tested them before they administered medicines.

Shortfalls in the management of people's medicines meant they were at risk of avoidable harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

- The provider responded immediately during and after the inspection. They confirmed competency assessments had been scheduled and improved systems for ordering and administering of medicines had been put into place.
- Since the last inspection the registered manager had implemented an improved quality assurance system for checking the safety of medicines management however, the system continued to require improvement to ensure the above shortfalls were identified and best practice was embedded.

Systems and processes to safeguard people from the risk of abuse

- The provider had improved systems to protect people from abuse. Staff demonstrated good understanding of abuse and how to make a safeguarding alert to the local safeguarding authority.
- The registered manager understood their responsibilities in relation to reporting safeguarding incidents and keeping people's care records updated.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were systems to assess, monitor and manage how risk to people at the service. Care records showed completed risk assessments and support plans identified how risk would be managed.
- Staff understood the needs of people they supported which enabled them to assist people in making informed decisions around positive risk taking.
- The registered manager maintained clear records of environment risk assessment and compliance with health and safety legislation. For example, fire risk assessments and equipment servicing.
- Records showed effective systems for reporting accidents and incidents and lessons learnt. Staff told us; "We have team meetings to discuss incidents and this helps us learn when things go wrong."
"Communication is good between the team and this helps reduce accidents and incidents."
- Overall analysis of accidents and incidents was not undertaken. We discussed this with the registered manager who assured us this would be implemented to ensure trends and reoccurring themes were considered across all aspects of service development.

Staffing and recruitment

- The registered manager recruited staff safely. The provider carried out checks to ensure only suitable staff were employed.
- People and their relatives consistently provided positive feedback about staffing levels. People told us; "I feel safe because there are lots of staff about." "There are always staff about when I use my call bell, they come quickly."
- The registered manager told us they were in the process of reviewing night staffing levels following feedback from night staff. They had a system to calculate people's needs and deployed staff accordingly.

Preventing and controlling infection

- The environment was clean and well maintained.
- The registered manager undertook an infection control audit and any shortfalls found were addressed. They engaged with the infection control team and understood the importance of following guidance from Public Health England.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff assessed people's needs and choices in a timely way before, on and after admission.
- The registered manager incorporated guidance from external health and social care professionals into people's care plans. For example, advice from the fall's prevention team and dieticians.
- Staff ensured people had access to mental health professionals and those living with dementia had routine reviews by their GP.
- Staff provided up to date information when people were transferred between services. This made sure they received the right support. People told us they were supported to access external health and social care professionals and if they wished their relatives were informed of any changes.
- Staff assessed people's changing needs and care plans included information about how people were supported to make informed decisions and day to day choices.

Staff support: induction, training, skills and experience

- Staff had training to enable them to carry out their role and responsibilities. Staff told us they were satisfied with the standard of training provided. However, we found the provider had not checked staff's competency in relation to the administration of medicines.
- Staff received regular supervision with their line-manager and told us they felt supported.

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

- Staff assessed people in relation to risks associated with nutrition and support plans identified their needs and preferences.
- People consistently told us meal times were enjoyable. People told us; "The food is excellent, and I have put weight on since coming here." "The meals are very nice and the choice is ok. The chef asks me what I want in the morning."
- People were supported in a dignified way at meal times and encouraged to make informed choices. Staff were patient during meal service and offered people alternatives.
- People had access to nutritious and appetising food and drinks. Staff monitored people's intake when needed and records were maintained.

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

- There was signage throughout the service to help people find their way around. We saw adaptation

throughout the environment had been considered and this helped people who lived with dementia or sensory impairment to maintain their independence.

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

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had been assessed in line with principles of the Mental Capacity Act and consent was sought in a person-centred way.
- Staff demonstrate good understanding of the MCA and DoLS and they had undertaken training.
- Staff assessed people subject to a DoLS and maintained records to show what restrictions were in place.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a kind and dignified way. Staff understood the needs and preferences of people they supported and had built trusting relationships.
- People told us; "The staff seem very nice up to now, I haven't been here long, but everyone is very kind to me." "Yes, I like the staff who look after me, they are very kind and I have a good laugh with them." And, "Yes my relative loves the staff, they are kind and patient." A relative told us "All the staff are respectful to both me and my relative. They are kind and caring at all times. They have also supported me when I needed a hug".
- Staff provided people with privacy and time alone with their visitors when requested.
- Staff supported people to maintain their identity and life skills by understanding what was important to them and respecting peoples wishes.
- Staff asked what was important to them and respected their decisions. Diversity was promoted by senior management and staff demonstrated good understanding of how to protect the human rights of people they supported.

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

- People were involved in making decisions about their care. Their preferences had been recorded throughout support plans. For example; food preferences, morning and night time routine, past hobbies and what was important to them now.
- The provider issued regular experience questionnaires to gain people's feedback and acted on their opinions and suggestions. The registered manager held regular service user and relative meetings.
- We observed staff asked people for their agreement before providing support and encouraged people to make decisions about their day to day lives.

Is the service responsive?

Our findings

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

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

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

- The registered manager planned people's care so it was person-centred and relevant to their current needs and wishes. Staff demonstrated good understanding of people and treated them as an individual.
- People who lived with dementia were supported to maintain their identity and their life stories were collated and used to plan their care and recreational activities.
- People told us; "They soon got to know me and how I like my cups of tea." And "Staff know me very well, as well as my family."

Meeting people's communication needs

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

- Staff assessed people's communication needs before admission and routinely as things changed. They supported people to attend important appointments with health professionals such as the dentist, opticians and audiology. People had been supported to maintain their identity when reliant on staff to wash and dress them. This included assisting them to wear prescribed glasses and hearing aids.
- Staff supported people to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. People were encouraged to access the community and maintain links with family and friends.
- People told us; "I join in all of the activities and I enjoy the trips out." And, "It is always buzzing in here, we never get bored."

Improving care quality in response to complaints or concerns

- People had access to the complaints procedure and told us they felt confident to raise any concerns. The complaints procedure had not been adapted into easy read format for people living with cognitive or visual impairment this meant it would not be easy for everyone to access or follow. The registered manager told us they would create an easy read document.
- We asked people's relatives if they felt listened to and confident to raise their concerns. A Relative told us; "I would not hesitate to complain or raise my concern, all of the managers are approachable."

End of life care and support

- People were supported to make decisions about their end of life care and they were provided with information to enable choice and control.
- Staff had a good understanding of supporting people at the end of life and had completed training.
- Advanced care planning was considered in a person-centred way. People in receipt of palliative care were assessed by visiting district nurses on a regular basis.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the consistent delivery of safe care and treatment.

Continuous learning and improving care

At our last inspection the provider had failed to embed robust quality assurance processes. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

- Continued shortfalls in the safe management of people's medicines showed the provider failed to effectively quality assure this area of the service. This meant people had been exposed to the risk of avoidable harm. During the inspection the registered manager responded to our feedback and implemented more robust auditing systems for medicines. They also scheduled competency training for all staff deployed to administer medicines. We were reassured by the registered managers response to our concerns and action taken.

Shortfalls in the quality assurance of people's medicines meant they were at risk of avoidable harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

- Since the last inspection the provider had engaged with external professionals to seek support in the improvement of medicines management. Some of the shortfalls found at this inspection had not been identified by the advisors however, we were reassured by the action taken by the registered manager to immediately communicate the inspection findings and seek further support in the implementation of safer systems.

- Since the last inspection the provider had improved auditing systems for areas such as care planning, environment and staffing. They created action plans and records showed continual oversight and improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People provided consistent positive feedback about the way the service was managed. "This Home is very

organised." "It's generally calm and peaceful." And "From my point of view, I would recommend this home to anyone."

- Staff told us they were confident the service was well managed and we observed positive relationships between the staff team.
- There were regular staff meetings and meeting minutes showed staff comments and ideas were considered.
- The registered manager engaged with external professionals and recent partnership working with the medicines optimisation team assisted in development of medicines management. During the inspection the registered manager made contact with the medicines optimisation team and gained their support in addressing the shortfalls we had found.
- Staff attended workshops organised by health and social care commissioners and linked with other providers to discuss best practice.
- Staff encouraged people to access the community and did not have restrictions on visiting times. We observed visitors come and go and they told us they were always welcomed by staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager demonstrated good understanding of their duty of candour responsibilities and records showed how people were consulted when something went wrong.
- The registered manager and senior staff were transparent throughout the inspection process and acted quickly when we highlighted shortfalls.
- The provider submitted statutory notifications and displayed the previous inspection rating and report within the service for people to access.

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 The provider failed to embed robust systems for the management of people's medicines. Regulation 12 (1) (2) (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to embed robust quality assurance systems in relation to the management of people's medicines. Regulation 17 (1) (2) (a) (b)