

Bluebell Care Services Limited

Sunnyside Nursing Home

Inspection report

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Crossgates
Leeds
West Yorkshire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sunnyside Nursing Home provides nursing and personal care for a maximum of 35 older people, some of whom are living with dementia. At the time of our inspection there were 34 people living at the service.

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

On the whole medicines were managed safely. We spoke to the registered manager and nurse on duty the importance of correct transcribing on admission for one person identified. Staff meetings were held at the service; however, these were infrequent and not always documented for staff to read. We saw some information for staff was contained within newsletters. However, we spoke to the registered manager about the importance of staff meetings and their content. Staffing was appropriate to meet people's needs. Robust recruitment procedures ensured suitable staff were employed. People were supported by staff who understood how to identify and report potential abuse. People told us they felt safe and risks to people's health and safety were managed well. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again.

People's care plans were accurate and in place, however we discussed with the registered manager to ensure old information was removed from files to avoid confusion. Staff said they read and followed care plans and knew people well. People's wishes regarding their end of life were in place if and when required. People had access to a good range of activities and told us they enjoyed these. We observed this on inspection. People and relatives were confident to raise issues and concerns. Complaints procedures were effective.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People had the support they needed to maintain a balanced diet and good health. Staff received training and support they needed to give them the knowledge and skills needed to care for people safely and effectively.

Staff promoted caring relationships with the people who lived at the service. Staff respected people's privacy and dignity and promoted independence, equality and diversity. People and their relatives were involved in the planning and delivery of their care.

There was a positive leadership in the service. People and their relatives spoke highly of the staff and registered manager. People knew the registered manager by name and told us they felt she was very approachable. Audits and monitoring procedures were used effectively to manage the service and to make improvements where needed.

Rating at last inspection

The last rating for this service was good (17 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Sunnyside Nursing 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

Two inspectors carried out this inspection.

Service and service type

The service 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 on both days.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with 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 four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, and activities worker. We

spoke with one visiting professional.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- On the whole medicines were managed safely. We spoke to the registered manager and nurse on duty the importance of correct transcribing on admission for one person identified. On day two this was completed.
- Systems around the ordering, storage, administration and recording of medicines were safe.
- Records showed people received their medicines as prescribed, and medicines administration records were audited weekly, identifying where improvements needed to be made.

Learning lessons when things go wrong

- The registered manager was welcoming to any advice offered from outside professionals and inspectors on inspection.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse. Staff received training in safeguarding adults and were able to describe how they would identify and report any abuse. One staff member said, "Safeguarding for me is to think things through before you go ahead with anything- and have the resident's best interest at heart."
- Safeguarding incidents were investigated and reported appropriately to CQC and the local safeguarding authority where required.
- People told us they felt safe with staff. One person said, "Yes everyone makes me feel safe, they make it feel like my home." A relative said, "Yes you can tell from the environment that [name of person] is being cared for and there very settled here."

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed appropriately. There were a number of risk assessments and regular environmental checks to ensure the property and any equipment used was safe and fit for purpose.
- The Home have achieved accreditation on the local authority 'Falls and Balance' programme, to promote falls reduction.
- People had individual risk assessments in place. For example, mobility risk assessment.
- People had personal emergency evacuation plans which guided staff on how to help people to safety in an emergency.

Staffing and recruitment

- Recruitment was safe. There was enough staff in the home to support people needs.
- Appropriate checks were in place to ensure staff were safe to support people. Any gaps which were

recorded in staff application forms were investigated by the registered manager.

- There was a consistent team of staff who had worked at the service for a long time. A relative said, " There is seems to be enough staff around. It's a nice atmosphere."

Preventing and controlling infection

- The environment was clean. We observed staff cleaning throughout on both days of inspection.
- Staff received training in infection prevention.

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

- Assessments were in place and reflective of the Equality Act 2010. Assessments considered people's individual needs, which included their age and disability.
- The registered manager and staff worked with other healthcare professionals to ensure people were well supported on admission to the service.
- One visiting professional said, "The home is very good, they encourage any advice from outside professionals."

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and supported to carry out their roles well.
- Training on safe working practices included safeguarding, infection control, moving and handling and first aid. The home had champions who received training in choke and diabetes risk. This was then disseminated to other staff to maintain and improve practice.
- Staff had regular supervision meetings with the registered manager and other senior staff. This allowed staff time for staff to express their views and reflect on their own practice.

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

- People were supported to eat and drink enough to maintain a balanced diet. We saw people were encouraged to make their own drinks from the café area.
- Support plans had information about people's dietary needs, their preferences or cultural dietary requirements were also recorded.
- Staff supported people to stay healthy and referred people to other healthcare professionals as required. One visiting health professional said, "This is one of the better care homes, we all work together."

Staff working with other agencies to provide consistent, effective, timely care

- People were provided with effective and timely care and support because staff worked closely and in conjunction with other services such as emergency care. The home has in-house physiotherapy and occupational therapy teams, people have access to specialist community nursing services such as SALT and continence.

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

- The home was adapted to meet the needs of people in the home. We saw pictures of meal times on the wall in the dining room for people.

- Equipment supported people to maintain their independence, this included accessible bathing and shower facilities, and ceiling track hoists.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager had bi-weekly multi-disciplinary meetings with consultants and other health professionals to re-assess people's performance in relation to their specific goals. These were conducted with considerable input from the in-house therapy team who knew people very well.
- We saw the home in terms of recovery, reablement and rehabilitation services were achieving in excess of the contractual goals. People received therapy programmes to enable them to return to maximum independence and return home whenever possible.
- People who lived in the home long term had access to all services as necessary including oral health care. This was evident in their care plans.

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.

- Most people had full capacity as they were following a rehabilitation programme designed to facilitate a return to independent living. Consent was recorded by people for different tasks and where people refused to follow health professional's advice, this was also recorded.
- People's capacity had been assessed where needed and assessments were related to specific decisions. Some people were being deprived of their liberty, applications had been made and DoLS were in place.
- Staff had received MCA training.

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

- People were treated with kindness and respect by staff. People told us staff were nice and caring.
- People's diverse needs were assessed on admission to ensure the service was aware of any specific needs.
- We observed one person nodding in the chair. Staff approached the person sensitively and quietly asked if they would like to lie down on their bed. The person declined. Staff came back with a blanket for the person.
- Staff knew people very well. Staff were observed chatting to people about their life while having a drink with them.

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

- People were supported to express their views in different ways. Some people and relatives were directly involved in planning their own or family members care. Some people had access to independent advocates. We saw evidence to support this people's care plans.
- We saw many examples of staff seeking consent from people. Staff told us they would always ask before supporting someone. One staff member said, "I would ask people. I say," "Would you like to do it yourself or do you need help."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and maintained their privacy and dignity. Staff were observed knocking on people's doors and waiting to be asked in and consulted with people about their care.
- We observed one person unable to open a banana, the staff member showed the person an easier way to do this. This promoted independence for the person and a personal achievement. They said, "Oh look I have done it."

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

- People's care and support received reflected their individual needs and preferences.
- People's care needs were assessed, and a range of care plans were in place. These provided person centred details on the person, their history, likes, and dislikes.

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.

- We people's preferred communication was considered. We saw menus and pictures of food displayed in the dining room, so people could read or look at what was for each meal.

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

- People were supported to join in activities in the home. We observed a lot of staff interaction through singing and just casual chatting to people. We observed the café area been used to its maximum potential with people and their relatives.
- We spoke to staff who told us how activities were sought for people. One staff member said, "We ask them. Once they tell us we get things in place. In the summertime we plant things in the garden." Another staff member said, "If the weather is nice we go out in the garden or there is a club next door to use, we go there for people to have a drink and a game of snooker."
- We observed rehabilitation exercises in the home which many people joined in.
- The Home held a monthly club which included members of the community as well as former rehabilitation residents. This gave everyone a chance to talk about their own experiences.

Improving care quality in response to complaints or concerns

- Complaints had been dealt with appropriately. These were in line with the company policy and procedures.
- The registered manager said, "We try and resolve these at first instance, if not we arrange a meeting with those people involved."
- We saw many compliments about the service and staff. These included, 'I would like to recommend Sunnyside because you get the care, and everyone is nice' And 'Care staff are fabulous, respectful and attentive, thank you to all the night staff which made my stay less scary'.

End of life care and support

- No one at the time of inspection was receiving end of life. All staff had been trained in this to support people if and when required.
- Recent end of life care from the home had been reviewed by the local CCG mortality review board who fed back that the documentation was excellent and that the care offered had promoted dignity and supporting the person and their loved ones.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and registered manager sought feedback in various ways to help maintain and improve standards at the service. Various surveys had been completed from staff and people. These were positive. Action plans were completed in reflect of these surveys.
- We saw the registered manager completed staff meetings every three months, however these had not always been completed or lacked information. We spoke to the registered manager of the importance of staff meetings. However, staff told us they felt supported in the home and newsletters were sent through containing staff information.

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

- The registered manager was approachable and sensitive to people's needs.
- People gave positive feedback about the management of the service. One person described the registered manager by name, saying, "They [the registered manager] are lovely they come and talk to me all the time. Always around talking to people."

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

- The provider and registered manager recognised the legal requirement upon them to inform people and relevant others in the event people were harmed because of the care and support provided.
- Relatives were routinely informed and kept updated, if appropriate. One relative told us how they were working with the registered manager and physio to rehabilitate there relative after a fall at home. They said, "[name of person] walking has improved."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- The registered manager was clear about their roles and responsibilities. Audits had been updated to include relevant guidance and quality standards.
- The provider effective quality assurance systems and processes in place. There was a programme of monthly audits and checks focused on aspects of the service, including fire safety, care planning, management of medicines, and cleanliness.
- The registered manager sent us notifications in relation to significant events that had occurred in the

service.

Working in partnership with others

- There was strong evidence of good partnership working as two multi-disciplinary meetings were held in the home with key health professionals.
- The registered manager sought support from outside professionals, for example infection control.