

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Sunnyside Residential Home

37 Ullet Road, Sefton Park, Liverpool, L17 3AS

Tel: 01517337070

Date of Inspection: 09 January 2014

Date of Publication: February 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard
<b>Records</b>	✓	Met this standard

## Details about this location

Registered Provider	Mr & Mrs A Wood
Registered Manager	Miss Salma Hussein Kiaratu
Overview of the service	Based in a residential area of Liverpool, Sunnyside Residential Home provides support for up to twenty two people. Accommodation is provided in single bedrooms, twenty of which have en-suite facilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	6
Care and welfare of people who use services	7
Safety and suitability of premises	9
Staffing	10
Assessing and monitoring the quality of service provision	11
Records	12
<b>About CQC Inspections</b>	13
<b>How we define our judgements</b>	14
<b>Glossary of terms we use in this report</b>	16
<b>Contact us</b>	18

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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During our inspection we spoke with eight of the people living at Sunnyside Residential Home. We also spoke with five members of staff who held different roles within the home.

The people living at the home told us that they liked living there. Comments we received included, "It's great here," and "I like it here." They told us that they were supported to make decisions for themselves, with one person explaining, "You don't get bossed about."

We found that people had received the support they had needed with their care and welfare. When people were unwell staff had monitored them and obtained health advice if needed. We also found that the home offered people the opportunity to engage in different activities throughout the week.

People told us that they liked and trusted the staff team with one person explain, "Nothing is too much trouble." We found that there were sufficient staff working at the home to provide the support people needed.

We found that the home was clean, tidy and safely maintained. Systems were in place for monitoring the quality of the service provided and for obtaining the views of people living there.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The people living at Sunnyside Residential Home told us that they had always been consulted about the care and support they had received. One person explained that staff had discussed their care plan with them and told us, "They ask your opinion, get your consent. They are very polite, you don't get bossed about." Another person told us, "Oh yes they listen, I do what I want," a third person explained that staff had gained their consent to talk with their relative.

In discussions with staff they were clear about their role in supporting people as much as possible to make decisions. For example one member of staff explained that they had gone food shopping with one of the people living there to help them visualise what they may like to eat. Staff also told us about the support they had arranged to help one person and their relatives plan the person's care as they became frailer. We saw a detailed letter written by the home requesting a meeting to be arranged with health professionals to discuss the person's care and help plan for the future.

Senior staff had undertaken training in the Mental Capacity Act 2005 and deprivation of liberty guidelines. The manager advised us that further training for care staff had been booked for February 2014.

Care records were in the process of being updated during our inspection. A document called 'About me' was being introduced and we looked at two of these that had been completed for people. It gave information on the decisions the person could make along with their choices and preferences. This helped to ensure staff were aware of the decisions people could make and those where they may need extra help. We also saw samples of a booklet that people had completed regarding their views of the home. This had provided them with the opportunity to state whether they wished to be involved in their care plan or to discuss the contents. We looked at a sample of these booklets which recorded people had said they had been involved in making decisions about their care.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The people living at Sunnyside Residential Home told us that they had received the support they needed and had chosen with their care and welfare. In meeting people it was evident they had received the support they had needed with their personal care; we observed people were appropriately dressed for the weather and had received support with their hair and general appearance. People told us that they had always received support to have a bath or a shower when they had wanted. They also told us that they had always had a quick response when they had used their call bell to request help. We observed that people who had chosen to stay in their bedrooms had their call bell secured nearby so that they could use it easily if required.

People told us that when they had been unwell staff had responded appropriately. One person explained "Oh they get the doctor or nurse if you need them." Two people told us about times when they had been feeling unwell and explained that staff had observed this and had monitored them and discussed with them the actions they could take to improve how they felt. Care records confirmed that the home had liaised with health professionals including the GP, podiatrist, geriatrician and community matron to obtain the support people had needed.

We looked at care records relating to three people living at the home. The manager explained that they were in the process of updating care plans to ensure the information was clearer. We found that records had been maintained of people's weight and that when needed charts had been put into place to monitor the support provided to people with their dietary intake and with ensuring they were supported regularly to re-position in bed. Care plans contained an assessment of the person's care and welfare needs. Where a need for support had been identified then a care plan and risk assessment had been put into place to provide guidance on how to support the person safely and well.

Care plans contained information regarding the person's choices and preferences. For example one care plan stated that the person was vegetarian. We noted that a vegetarian option was provided at meal times and staff we spoke with were all aware of people living at the home who chose to follow a vegetarian diet. We also spoke to another person who

explained that their religion was important to them and that the home had arranged for the local church to visit regularly.

Arrangements were in place for dealing with foreseeable emergencies. In discussions with staff they were able to tell us the location of first aid equipment, the actions they would take in the event of a fire and how they would support someone who had fallen.

We asked staff to tell us about the needs of some of the people using the service. Staff gave responses which indicated that they knew people well and were providing support based on the person's individual needs and choices.

A notice board advertised weekly activities at the home. These included Tai Chi, massage therapy, entertainment and regular visits to a local community church centre. The people living at Sunnyside Residential Home told us that they enjoyed the activities on offer with one person telling us they had particularly enjoyed a surprise birthday party arranged for them; other people told us they had particularly enjoyed the Christmas celebrations.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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The provider has taken steps to provide care in an environment that is suitably designed and adequately maintained. Accommodation at Sunnyside Residential Home is provided over three floors. Shared space included a lounge, dining room, small sitting room and sun room. A passenger lift provided access between floors. In addition the sun room had been fitted with a platform lift for people who could not navigate the small set of steps leading to the seating area. Handrails and grab rails had also been fitted to support people with their mobility. We found the environment to be clean, tidy and odour free.

The home provided twenty two single bedrooms of which twenty were en-suite and included a bath or shower. In addition there were toilet facilities and two shower rooms available for people to use. We looked at a sample of bedrooms and bathrooms and found that these were warm, clean and appeared comfortable. People had been able to personalise their bedrooms with their own belongings.

Records and certificates showed that regular checks had been carried out on the building and equipment to ensure they were safe. This included checks on electrical and gas systems, fire systems and the lift.

Key pads had been fitted to doorways leading to stairwells to minimise the risk of an accident occurring. The people living there told us that if they wished to access the lift they could do so with support from staff if needed.

## Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

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### Our judgement

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

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The people living at Sunnyside Residential Home told us that they liked and trusted the staff team. Their comments included, "Lovely, nothing is too much trouble," and "Very nice people, friendly, helpful."

Staff told us that in their opinion there had been enough staff working at the home to meet people's care and welfare needs. The people living there confirmed this, with one person telling us "There's always someone about." People told us that whenever they had needed support it had been quickly provided by staff.

There were enough qualified, skilled and experienced staff to meet people's needs. During our visit we observed that staff were able to meet people needs in a calm and caring manner. We noted that staff spent time talking with people, providing reassurance when needed and taking their time when supporting people with their mobility in addition to providing support with personal care and mealtimes.

We looked at a sample of staff rotas for the week of our visit and weeks following. These showed that staffing levels were consistent. Overnight two carers worked in the home with a senior member of staff commencing at 7am to ensure people received their medication on time. A senior member of staff was assigned to work throughout the day in addition to which four carers were available in a morning and three in an afternoon. The home also employed a cook six days a week to prepare main meals and snacks.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People told us that the provider was often in the home and frequently asked their opinion of the service they had received. One person explained, "We chat all the time, they always listen." They also told us that they had completed a booklet asking them their opinion of Sunnyside Residential Home and the support provided. We looked at a sample of these booklets and found that they had provided people with the opportunity to comment on meals, staff and support amongst other things. It also provided people with the opportunity to state whether they felt involved in planning their care and making decisions. The manager advised us that as a result of the responses they had received they had arranged a taster day for menus so that people could sample and comment on new dishes. She also explained that people had wanted more information about activities and what had been happening in the home. As a result a regular newsletter had been produced. We saw samples of these and found they provided information to people on activities that had occurred as well as news about the people living and working there. Implementing changes directly as a result of people's opinions is a positive way to ensure people feel involved in how their home is operating.

We looked at a sample of care records and found that these had been reviewed regularly to ensure that changes to people's care needs had been assessed and a new plan of care implemented if needed.

Medication audits were in place with a book used to record checks of medication and any action needed if issues were found.

The people living at Sunnyside Residential Home and staff told us that the provider regularly checked the environment and arranged repairs quickly if needed. During our visit we observed that the environment was safely maintained. The provider may find it useful to note that a formal recorded audit of the environment would help to ensure that any areas of concern were quickly noted and addressed.

## Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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We spoke to people living at Sunnyside Residential Home but their feedback did not relate to this standard.

Records were kept securely and could be located promptly when needed. We found that records relating to staff were securely locked in an office cabinet when not in use. We also found that care plans were secured in a locked room when not in use and that daily records were kept in an area only accessible by staff.

We looked at a sample of records relating to health and safety. This included records of fire and water temperature checks along with certificates of safety for the premises. We found that these were up to date and stored in a way that meant they could be easily located when needed.

We also looked at information provided regarding the homes complaints system and found that this had been updated since our last visit to include the correct contact details for the Care Quality Commission.

Care records were clear and had been reviewed regularly to ensure changes to the persons needs were quickly noted and addressed.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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