

Solcare Sunnyside Limited

Sunnyside Residential Home

Inspection report

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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 

Overall summary

This inspection was unannounced and took place on 19 August 2015.

Sunnyside Residential Home provides personal care and accommodation for up to 14 people. The home specialises in the care of older people. At the time of this inspection there were 12 people at the home.

The last inspection of this home was carried in August 2014. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was open and approachable which created a happy atmosphere throughout the home. People told us they would be comfortable to raise any concerns or make a complaint.

Summary of findings

People felt safe at the home and with the staff who supported them. There were sufficient numbers of well trained, competent staff to ensure people's safety and meet their needs. People told us staff were always kind and caring towards them and they felt well cared for.

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked before they began work at the home. Staff received training in how to recognise and report abuse and all were confident any issues raised would be fully investigated to make sure people were protected.

Staff monitored people's general health and ensured they were seen by appropriate healthcare professionals. People said staff always contacted a doctor if they were unwell and arranged for them to see healthcare professionals according to their specific needs. One person said "They get the GP is you aren't well. You also get your eyes and your feet done."

People were involved in the planning and review of their care. Staff took account of people's preferences and specific routines when supporting people. People told us they were able to make choices about their day to day lives.

People received support with personal care in private from staff who were respectful. One person said "The staff who help with washing and stuff are very gentle and respectful. New staff don't help you until you know them a bit."

There were systems in place to monitor the quality of the service and plan on-going improvements. These systems included seeking people's views in a formal and informal way.

There were regular safety checks on the building to ensure people's safety and comfort. There were emergency plans in place to make sure people were fully supported in an emergency situation.

Summary of findings

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.

People were cared for by sufficient numbers of staff to meet their needs and ensure their safety.

Risks were assessed to make sure people could maintain their independence with minimum risk to themselves or others.

People received their medicines safely from competent staff.

Good



Is the service effective?

The service was effective.

People were effectively supported by staff who had the skills and knowledge to meet their needs.

Staff monitored people's health and well-being and made sure they were seen by appropriate healthcare professionals when needed.

Staff understood how to protect people's rights when they did not have the mental capacity to make decisions for themselves.

Good



Is the service caring?

The service was caring.

People were supported by kind and caring staff.

People's privacy was respected.

There were ways for people to express their views and be involved in planning their care.

Good



Is the service responsive?

The service was responsive.

Care was personalised to meet people's needs and wishes.

People were able to make choices about their day to day routines.

People told us they would be comfortable to make a complaint.

Good



Is the service well-led?

The service was well led.

People benefitted from a management team who kept their skills and knowledge up to date and constantly monitored practice within the home.

The registered manager was open and approachable which led to a happy relaxed atmosphere.

There were ways for people to share their views on the quality of the service.

Good



Sunnyside Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 19 August 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally

required to notify us about) other enquiries from and about the provider and other key information we hold about the service. At the last inspection on 14 August 2014 the service was meeting the essential standards of quality and safety and no concerns were identified.

During this inspection we spoke with nine people who lived at the home, five members of staff and the registered manager. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included four care plans, medication records, three staff personal files and minutes of meetings.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said “I feel very safe here.” Another person told us “All the staff treat us nicely, they are all lovely.”

There were adequate numbers of staff available to make sure people received care promptly when they requested it. Everyone had a pendant call bell which they wore around the home. People told us staff responded very promptly when they rang their bell for assistance. Some people preferred not to socialise and spent time in their rooms. We saw staff frequently visited people to check they were alright and to ask if they wanted anything. One person said “They are always bringing drinks, clearing cups or just popping in to say hello. I like to know there’s someone about. It’s a real comfort.”

The registered manager informed us they had the ability to be flexible with staffing levels to make sure people’s needs were met. One member of staff said “If someone has an appointment then extra staff are brought in to take them. Or if someone is receiving end of life care then we would have extra staff. There’s always enough staff and managers work on the floor if needed.”

Overnight people were supported by one member of staff working in the home and another on call either in the building or close by. There had been difficulties in recruiting night staff and therefore agency staff were often used to cover night shifts. The registered manager told us, and duty rotas confirmed, that the same member of staff was used to maintain consistency for people.

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to ensure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out a Disclosure and Barring Service (DBS) check. The DBS checks people’s criminal history and their suitability to work with vulnerable people. One new member of staff confirmed they had not been able to start work until the registered manager had received all the appropriate checks and references.

To further protect people from abuse staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff said “If anything was raised it would definitely be addressed.”

Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. One person liked to out unaccompanied in their electric wheelchair. They told us “I write in the book when I’m going out and where I am going. They like to make sure I’m safe but I value my independence.” This was clearly recorded in the person’s care plan and had been signed to say the person agreed to it.

People’s medicines were administered by staff who had received specific training and had their competency assessed to make sure their practice was safe. Staff told us, after they had completed training in the safe administration of medicines; they carried out at least three supervised medicine administration rounds before being signed off as competent. One person told us “I have a list of all my tablets but I like them to keep them because I know they’re secure. No problems always get the right ones.” One person was prescribed cream to be applied daily. They told us staff assisted them to do this each morning. Staff signed to say the cream had been applied.

Some people were prescribed medicines, such as pain relief, on an ‘as required’ basis. Records showed these were frequently offered to people to maintain their comfort. One person said “The doctor gave me pain killers. They always ask if I want them.”

The home used a blister pack system with printed medication administration records. Medication administration records showed medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were complimentary about how staff supported them. One person said “Staff are very good and I feel well cared for.” Another person told us “Staff are well trained and good at what they do.”

New staff completed an induction programme which gave them the basic skills to care for people safely. New staff were also able to shadow more experienced staff which enabled them to learn how to support individuals with their care. Staff were happy with the induction they received and told us they were well supported when they began work. One new member of staff told us they had shadowed a more experienced member of staff until they felt confident to carry out their role.

People were supported by staff who had access to ongoing training to make sure their practice was up to date and met people’s needs. Once staff had completed their induction and probationary period they had opportunities to undertake other training appropriate to their role. Additional training included; nationally recognised qualifications in care, principles of dementia care, equality and diversity, end of life care and mental health awareness. To make sure staff had gained knowledge and skills from the training they had completed; a senior member of staff carried out observed practices and recorded their findings.

Staff monitored people’s general health and ensured they were seen by appropriate healthcare professionals. On the day of the inspection one person had complained of being unwell and was being cared for in their room. Staff had arranged for a doctor to call to see them and constantly visited them to monitor their well-being. People said staff always contacted a doctor if they were unwell and arranged for them to see healthcare professionals according to their specific needs. One person said “They get the GP is you aren’t well. You also get your eyes and your feet done.” Another person had recently been supported to attend a dental appointment.

People were always asked for their consent before staff assisted them. One person said “Everything is your choice.”

Care plans contained signed consent forms for some care practices such as the administration of medicines and night checks. Some people had not consented to frequent checks during the night and this decision was respected.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff were able to tell us about a person where a best interest decision had been made.

Staff received one to one supervision and appraisals with the registered manager. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. Records of individual staff supervisions showed staff had been asked about their knowledge of the mental capacity act and had been given a pocket guide for future reference. This made sure staff knew how to promote people’s rights and acted in line with current legislation. One member of staffs’ supervision record showed they required additional training in this area and we saw this training had been booked.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager had a good knowledge of this legislation and had made appropriate applications to make sure people were protected.

People’s nutritional needs were assessed to ensure they received a diet in line with their needs and wishes. At the time of the inspection no one living at the home required a specialist diet. There were mixed views about the food served at the home. One person told us “Food here is very good.” Another person said “Always good food.” Other comments included; “Food is reasonable,” “Food is OK” and “Food is average.” Everyone we asked said there was

Is the service effective?

always a choice of meals and portions were ample.” The results of the home’s most recently completed satisfaction survey showed 50% of people rated the quality and taste of food as ‘consistently excellent’ and a further 38% rated it as ‘good’ or ‘better than expected.’

At lunch time we saw people were able to choose where they ate their meal. The majority of people ate in the dining room but others chose to eat in their rooms and meals were taken to them.

Is the service caring?

Our findings

People were supported by kind and understanding staff. Throughout our visit we saw caring interactions between staff and the people who lived at the home. People told us staff were always kind and treated them with respect. One person said "All the staff are very kind." Another person commented "They're all kind and considerate."

People told us staff were always willing to assist them. Comments included; "They will help with anything," "They're always willing to help" and "The staff are so good, they couldn't do more."

It was apparent people had built friendships with staff and other people who lived at the home. We saw a small group of people sat in the lounge socialising and enjoying each other's company. One person told us "I consider the staff and other residents as personal friends." Another person said "I enjoy being here. It's friendly and nice."

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. One person said "It's your choice what you do." Others liked the company and companionship of others. One person told us "If I can't sleep at night I go down for a natter with the night staff."

People's privacy and independence were respected. One person said "They never just barge in they always knock and ask if they can come in." Throughout the inspection we saw staff knocking on bedroom doors and waiting to be invited in before entering. One person who needed help with bathing and personal care told us "They help me on my terms so I still do what I can for myself. They are very respectful and I never feel embarrassed."

With the exception of two, all rooms had en suite facilities where personal care could be carried out in private. There were also communal assisted bathing facilities and a level access shower. People told us they received the help they needed to bath or shower. One person said "The staff who help with washing and stuff are very gentle and respectful. New staff don't help you until you know them a bit."

People were able to have visitors at any time which enabled them to keep in touch with family and friends. People said visitors were always made welcome. Each person had a single room where they were able to see personal or professional visitors in private. People were able to bring small items of furniture and personal items to personalise their rooms. All rooms had an individual feel and one person said "I've made my room my little home. I have everything I need here."

There were ways for people to express their views about their care. Care plans were regularly reviewed and monthly summaries were written which outlined any significant events or changes which had occurred. Some people kept their care plans in their rooms and others were kept in a locked cupboard. People had signed their care plans to show they understood and agreed with the contents. One person said "The care plan is mine and I know everything that's written." Another person said "I'm not backwards in coming forward and I have a say in everything."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People said they made decisions about what time they got up, when they went to bed and how they spent their day. One person told us “I’ve got a routine that I like to stick to. They fit around me and on the whole it works well.” Another person commented “Really you please yourself what you do.”

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet their needs and expectations. This assessment included details about the person’s health and their preferred routines. From the assessment a care plan was drawn up to make sure all staff knew how to meet the person’s needs.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Care plans also identified any risks involved in providing care to make sure these risks were minimised. Staff told us the care plans gave them all the information they required to effectively care for people. People said they got the care they needed and were supported in line with their wishes. One person said “They know how I like things done and that’s how they do things.” A member of staff said “Everything is about choice. Theirs not ours.”

Care plans contained assessments regarding people’s mobility, nutrition and skin and pressure area care. These were regularly reviewed to make sure they continued to reflect people’s needs. Actions following these assessments included seeking advice from healthcare professionals. For example staff had sought advice from a person’s doctor regarding their weight and nutrition. One person had an assessment which stated their risk of pressure damage to their skin was increasing. However there was no plan in place to state how this risk would be minimised or any equipment that should be in use. This was discussed with the registered manager during the inspection who gave assurances that measures were in place but not clearly recorded. They gave a commitment to rectify this without delay.

The staff responded to changes in people’s needs but were realistic about the level of care they were able to provide. For example one person who had been admitted to hospital wished to return to the home to receive care at the end of their life. We saw minutes of a staff meeting where a discussion had taken place to make sure staff were able to support this person and meet their needs. This person had then been able to return to the home. Staff told us about another person whose health had deteriorated significantly and they requested the person’s needs were reassessed to enable them to move to a more suitable environment for their complex needs.

There were some organised activities to provide social and mental stimulation. Some people said they were happy with level of activity and some said they preferred to occupy themselves. However other people said they would like there to be more going on including trips out. This had also been highlighted in the most recent satisfaction survey with 29% of people responding ‘less than expected’ to the question about staff organisation of activities. In response to the survey the registered manager told us they were now ensuring there was at least one organised activity each day.

The registered manager sought people’s feedback and took action to address issues raised. The registered manager was available in the home each day and people told us they were comfortable to discuss any issues with them. One person said “You just have to say something to her [registered manager] and it gets done.” There were also meetings for people who lived at the home which enabled them to raise issues in a more formal situation.

Each person received a copy of the complaints policy when they moved into the home. However we noticed the policy was not clearly displayed for visitors. No one had any complaints about their care but all said they would be happy to make a complaint. One person said “If I’ve got any complaints I go to [member of staff’s name] She’s sympathetic and lovely. She would sort out anything.” Another person told us “I would complain if I needed to. They wouldn’t hold it against me. They want you to be happy with everything.”

Is the service well-led?

Our findings

The home was well led by a registered manager who felt fully supported by the provider. The registered manager told us the provider visited on a weekly basis and was always available on the phone. One person told us “It’s all very well run and everything is well organised.” Staff told us they thought the organisation of the home and the quality of care had improved immensely in the past two years. One member of staff said “It’s changed for the better. We have a good manager and we get time to do our jobs properly.”

People told us the registered manager was open and approachable. People and staff were comfortable and relaxed with them. This led to a happy and relaxed atmosphere for the people who lived at the home. One person said “It’s a happy place. You can always have a laugh with the staff and the manager.”

People lived in a home where the registered manager had a clear vision and was passionate about the care service they managed. They told us their ethos was to provide a family atmosphere where independence was encouraged and supported. Their vision and values were communicated to staff through daily conversations, staff meetings and formal one to one supervisions. Comments from people demonstrated this vision was put into practice. One person told us “I love it here. I never thought I would, but I feel very much at home.” Another person said “I have no regrets about coming here. Staff have a giggle with you just like a big family.”

There was a staffing structure which provided clear lines of accountability and responsibility. In addition to the registered manager there was a compliance administrator, care supervisors and senior carers. There was always a senior member of staff on duty. This ensured there were always experienced staff available to support people and respond to concerns. Senior staff also organised day to day care and offered guidance and advice to other staff. One new member of staff said there was always senior staff available to answer questions and monitor their practice.

People benefitted from effective quality assurance systems which ensured the service was monitored and

improvements were on-going. The registered manager was supported by a compliance administrator who took a lead role in monitoring quality. Part of their role was working ‘hands on’ which enabled them to monitor practice on an on-going basis, offer guidance and advice to less experienced staff and address any issues of poor practice as they arose.

People were able to share their views in the form of annual satisfaction surveys. The last survey had been analysed and showed a high level of satisfaction with the service offered. Where shortfalls were identified an action plan was put in place to address the issues. This included organising more frequent activities for people and this work was on-going at the time of the inspection.

There were regular safety checks on the building to ensure people’s safety and comfort. We noted that the dining room was shabby and in need of redecoration and we saw this had already been identified and was due to be refurbished. A full fire risk assessment had been carried out by an external consultant and changes had been made in line with recommendations made. There were evacuation plans in place to make sure people were appropriately supported in the event of an emergency. Arrangements had been made with the local community hospital to provide a safe place for people if the building needed to be evacuated.

The registered manager had a qualification in leadership and care management. They kept their skills and knowledge up to date by on-going training and reading. They demonstrated a good knowledge of current good practice and relevant legislation. The home was a member of the National Skills Academy for Social Care and the Somerset Registered Care Provider Association (RCPA) Both organisations provide guidance and advice for social care providers. The registered manager attended conferences and seminars organised locally for people working in social care.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.