

Meridian Healthcare Limited

Sunnyside

Inspection report

Sunnyside Road
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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

Sunnyside provides accommodation and personal care for up to 43 older people, some of whom have dementia. At the time of our inspection, 36 people were living at the home.

At the last inspection, the service was rated Good.

At this inspection, we found the service remained Good.

People still felt safe living at the home. Staff understood how to recognise, respond to and report abuse. The risks to people had been assessed and kept under review with their involvement, and plans implemented to manage these. People's needs could be met safely as appropriate staffing levels were maintained. People's medicines were handled and administered in line with good practice.

People still had confidence in the staff team's knowledge and skills. Staff had the training, supervision and support necessary to work safely and effectively. The management team and staff understood people's rights under the Mental Capacity Act 2005. People's individual dietary and nutritional needs were assessed and managed. Staff helped people to access a range of healthcare services to ensure their health needs were met.

Staff took a caring and compassionate approach towards their work, and knew people well. People's contribution to care planning and decision-making was encouraged and facilitated. Staff treated people with dignity and respect.

People received care and support that took into account their individual needs and requirements. People were supported to spend time doing things they found enjoyable and to participate in social activities. People knew how to raise complaints and concerns about the service, and felt comfortable doing so.

The management team promoted open communication with people, their relatives and the community professionals involved in people's care. People's relatives and most staff found the management team approachable. The provider carried out quality assurance audits and checks to assess, monitor and improve the quality of the service people received.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Sunnyside

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 3 and 4 July 2017 and was unannounced.

The inspection team consisted of one 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information in the planning of our inspection.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection, we spoke with 10 people who used the service, eight relatives and a friend of one person living at the home. We also spoke with two local GPs, a community psychiatric nurse, an adult social care team manager, two social workers and the clinical lead for the Digital Health programme. In addition, we spoke with eight members of staff, including the area director, registered manager, kitchen domestic, senior care staff and care staff.

We looked at three people's care records, complaints records, medicines records, staff training records three staff members' recruitment records and records associated with the provider's quality assurance systems.

We also spent time in the communal areas of the home to observe how staff supported and responded to people. As part of this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of

observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People still felt safe living at Sunnyside. One person told us, "I feel very safe here; they (staff) look after me." The majority of people's relatives we spoke with also felt confident about the safety and wellbeing of their family members living at the home. A relative said, "It's a real relief. We can go home and know [person's name] is in a safe environment."

The provider still took steps to protect people from harm and abuse. Staff received training to help them understand how to recognise and report abuse. They told us they would report any concerns of this nature to a senior or manager without delay. One staff member said, "I'd go straight to the senior and, if nothing was done, I'd speak to the manager." The provider had developed procedures to ensure any abuse concerns were notified to the appropriate external agencies and investigated.

The risks associated with people's individual care and support needs were assessed, using recognised assessment tools, and kept under review. This assessment took into account important aspects of people's personal safety, including their mobility, nutrition and pressure care. Plans had been developed to manage these risks and keep people safe. For example, where people were at risk of developing pressure sores, appropriate pressure-relieving equipment, use of barrier creams and assistance with repositioning were in place. A relative told us, "They (provider) have minimised the risks of falls to [person's name] as much as you can minimise it." The involvement of people and their relatives in decisions about risk was encouraged by staff and management. Staff told us they were updated on any changes in the risks to people and themselves. We saw the management team held daily "flash meetings" to share up-to-the-minute information on people's needs and risks.

People's relatives and staff felt the staffing levels maintained at the home enabled people's individual needs to be met safely. The registered manager used a dependency tool to assess and monitor their staffing requirements. All prospective staff underwent pre-employment checks to confirm they were suitable to work with people. These included an enhanced Disclosure and Barring Service (DBS) check and employment references. The DBS carries out checks to help employers make safer recruitment decisions.

The provider had put procedures in place to ensure people received their medicines safely and as prescribed. People's medicines were stored securely, and administered by trained staff who underwent periodic competency checks. Up-to-date medicines records were maintained, which included written guidance for staff on the use of any "as required" medicines. A relative told us, "I've got no issues at all with [person's name] getting their medication."

Is the service effective?

Our findings

People's relatives still had confidence in the skills and knowledge of the staff at Sunnyside. A relative told us, "I have that much confidence in staff, I feel we could go away for a month on holiday." The community professionals we spoke with referred to the competence of the staff team. A community psychiatric nurse described staff as "really on the ball", adding, "They have taken on board and acted on any advice given them."

New staff undertook the provider's induction training to help them understand and settle into their job roles. This included the opportunity to work alongside, and learn from, their more experienced colleagues. Following induction, staff participated in a rolling programme of training and refresher training. Most staff spoke positively about their training with the provider. One staff member described how their first aid training had given them greater confidence to emergencies, such as choking. Staff attended regular one-to-one meetings with a member of the management team. A member of staff explained, "They (management) ask you how you feel about work, and if you need any more assistance or guidance."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager and staff had an appropriate understanding of people's rights under the MCA. However, the mental capacity assessments in the care files we looked at highlighted the need for additional staff training in this area. These assessments were not always decision-specific or an accurate reflection of people's capacity to make decisions. We discussed this with the registered manager, who assured us they would address the associated training needs. DoLS applications had been made, based upon an individual assessment of people's capacity and their care and support arrangements. Where DoLS authorisations were in place, the registered manager understood the need to review and comply with any associated conditions.

People were supported to have enough to eat and drink, and to make choices about what they ate and drank each day. A relative told us, "They (staff) are always bringing people drinks of tea and cake; there's no shortage of food and drinks." We saw mealtimes were relaxed, unrushed affairs during which people received the support and assistance needed to eat safely and comfortably. People's individual dietary and nutritional needs were assessed, managed and kept under review, with specialist input from the local speech and therapy team and dieticians, where necessary.

People's relatives told us the staff and management team helped people to seek professional medical advice or treatment, when they were unwell or in pain. One relative told us, "They (management team) are getting the doctor out for [person's name], because they're very tired and off their food." People's medical histories were recorded in their care files, along with details of the healthcare professionals and specialists involved in their care. People living at the home accessed the benefits of the "Digital Health" programme, a telehealth system. Telehealth refers to the remote exchange of data between a patient and their clinician(s)

to assist the diagnosis and monitoring of people with long-term conditions. The healthcare professionals we spoke with spoke positively about their experiences of working with the staff and management team at Sunnyside.

Is the service caring?

Our findings

People and their relatives continued to feel that staff adopted a kind and compassionate approach towards their work. One relative told us, "[Person's name] seems to get on well with staff, and they're always kind and friendly." Another relative said, "They (staff) do their best. They are very caring and they'll do anything I ask them to do for [person's name]." The staff we spoke with demonstrated good insight into people's individual needs, and the community professionals we spoke with confirmed this. A local GP told us, "They (staff) seem to know the residents well and they always seem to want the best for the residents." During our inspection, staff showed their concern for people's comfort and wellbeing as, for example, they addressed and alerted people to any potential hazards to their personal safety, such as hot drinks or potential trip hazards. Staff responded in a prompt and caring manner to assist one person who began to cough whilst eating their lunch, rubbing their back and encouraging them to drink some water. The staff and registered manager greeted and spoke to people in a warm, cheerful and patient manner. We saw people laugh and smile in response to their conversations with staff.

The staff and management team took steps to encourage people to share their views about their care, and to be involved in care planning. One relative explained, "They (staff) tend to get people involved in meetings (that affect them)." During our time at the home, we staff consulted with people about routine care decisions, such as how they wanted to spend their time that day. When reviewing people's care plans each month, senior care staff sought to involve people in this process. "Residents meetings" were also organised on a monthly basis, as a further means of consulting with people about proposed changes and decisions affecting the service they received. The registered manager confirmed they had the facility to produce information in alternative formats, such as braille or large print, to assist people's understanding and involvement. They also signposted people to advocacy services, in the event they needed someone to speak up on their behalf.

People's right to privacy and dignity were still protected by staff. A relative told us, "The way they (staff) talk to the residents is really respectful." During our inspection, we saw there were no unnecessary restrictions on visitors to the home, and that staff took appropriate steps to protect people's personal information. Staff understood the importance of treating people in a respectful and dignified manner, and gave us examples of they achieved this on a day-to-day basis. One staff member explained, "I speak to people like I would want my mum to be treated. It's about making people happy and feel like they're at home."

Is the service responsive?

Our findings

People still received care and support shaped around their individual needs and requirements. During our inspection, we saw staff adjusted their communication and the nature and level of assistance provided to suit the individual. This included the help people were given to move around safely, join in activities and eat and drink in comfort.

Prior to people moving into the home, the management team involved them and, where appropriate, their relatives in the initial assessment of their support needs and individual requirements. Staff and management then consulted with people and their relatives, as required, when reviewing care plans and assessments. A relative explained, "They (management team) brought us all in together to discuss [person's name's] needs. If anything comes up, [registered manager] or [deputy manager] will call us in for a meeting and ask us for our views on what needs doing."

People's care plans reflected an individualised approach to care planning, and addressed a wide range of needs. They contained both guidelines for staff on how to support people safely and effectively, and information about people's personal histories, interests and preferences. Staff recognised the importance of working in accordance with people's care plans, and confirmed they had the time to refer to these. One staff member told us, "We've always got access to the care plans to have a read, and we do get informed of any changes."

Staff gave people support to spend time doing things they found interesting and enjoyable. The activities on offer included visits from local musicians and entertainers, exercise classes, group games and outings. One relative told us, "I think it's really nice here. They have activities coming in. [Person's name] has a go at throwing the ball and doing the exercises. The others seem to enjoy it too." However, some people's relatives and staff felt the activities available to people needed to be improved. We discussed this with the registered manager who acknowledged there could be more community-based activities on offer, and assured us they were working towards this. During our time at the home, we saw people, amongst other things, being entertained by a local singer, joining in with a fun exercise class, watching television and doing jigsaw puzzles.

People's relatives understood how to raise any concerns or complaints about the service, and had confidence these would be addressed. One relative explained, "If I had any concerns, I would go straight to them (management team) and they will try and resolve it." The provider had developed a formal complaints procedure to encourage good complaints management. We looked at the most recent complaint received by the service, and saw this had been investigated and responded to in line with this procedure.

The provider encouraged people and their relative's more general feedback on the service by, amongst other things, distributing annual feedback surveys. However, the actions taken to address the feedback received on the service were not always clearly recorded or fed back to respondents. We discussed this with the registered manager who assured us they would address this issue moving forward.

Is the service well-led?

Our findings

During our inspection, we met with the registered manager. 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 demonstrated a clear understanding of the duties and responsibilities associated with their post, and the statutory notifications to be submitted under their registration with us. They confirmed the provider gave them the resources and support needed to develop and improve the quality of the service provided.

People's relatives knew who the registered manager was, and spoke positively about their management of the home. They described an open, ongoing dialogue with a management team that was accessible and approachable. One relative told us, "I'm quite happy they (management team) have got [person's name's] interests at heart. They are very friendly and approachable. I feel if I had an issue they'd do their best to help." During our inspection, we saw people, their relatives and staff chatting freely with the registered manager. The community professionals we spoke with spoke positively about the management of the service. A community psychiatric nurse told us, "They (management team) are very on the ball and aware of the situation. They have been very easy to community with, open and honest, and ready to take up advice."

Most staff also found the registered manager approachable, and had confidence in their ability to act on issues or concerns. One member of staff explained, "If I feel I'm struggling with something or I'm unsure, I know I can always go in and speak to [registered manager]." Staff were clear what was expected of them, and were confident about challenging decisions taken by the management team, if they needed to. One staff member told us, "I can approach [registered manager] and say I don't agree with this or that; I could go to them and express my concerns." Monthly staff meetings provided staff with a regular opportunity to bring forward any suggestions, issues or concerns as a group.

The provider had developed quality assurance procedures to assess, monitor and improve the quality of care and support people received at Sunnyside. These included a rolling programme of audits by the registered manager, area director and the provider's internal quality team on key aspects of the service. In addition, the management team monitored "key clinical indicators", such as pressure ulcers, falls, infections and hospital admissions on an ongoing basis to identify patterns and trends. The provider's quality assurance activities had resulted in improvements to the service. These included a more consistent approach to the assessment and review of people's individual care and support needs, through use of recognised assessment tools such as the Malnutrition Universal Screening Tool (MUST). Standards of staff training had also been improved, and people and their relatives now had more involvement in the staff recruitment process.