

HC-One Limited Sunnyside

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 ●

Summary of findings

Overall summary

About the service

Sunnyside is a residential care home providing personal care for up to 43 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 37 people using the service.

Sunnyside is a two-storey care home with single person bedrooms, and a variety of shared living spaces.

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

People told us they felt safe and were generally supported by enough staff, who had been safely recruited and knew them well. Risks to people were assessed and action taken to mitigate and learn lessons in response to any accidents or incidents. Systems to manage medicines safely were in place.

People's needs were assessed, and staff worked with other health care services to meet these. Staff felt well supported and completed a variety of training relevant to their role. Mealtimes were sociable and people were supported to eat and drink well throughout the day. Bedrooms were personalised but some areas of the home were in need of redecorating, and we have made a recommendation about this. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and families told us they felt the staff were very caring and knew their needs and how to meet these. Staff treated people respectfully and promoted choices around daily lives. Privacy and dignity was respected.

Care plans were personalised and provided guidance on people's needs. We noted some inconsistencies which were immediately addressed. An activity worker was due to start at the service. People felt able to raise concerns and complaints were investigated and responses given.

The registered manager had good systems for oversight and checks of the quality of the service. When areas for improvement were identified, these were actioned and checks to ensure the actions were completed and embedded were in place. People, and relatives felt the culture of the home was good and staff told us they felt well supported and enjoyed coming to work.

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

Rating at last inspection

This service was registered with us on 27 August 2021 and this is the first inspection. The last rating for the service under the previous provider was good (published 07 December 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation that the service review staffing arrangements to ensure all communal areas are available for people to use at any time they want, and that the plan for redecorating within the service considers best practice guidance in relation to meeting the needs of the people living at Sunnyside, including those living with dementia.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sunnyside

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by 1 inspector.

Service and service type

Sunnyside is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sunnyside is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since registration. This included any information of concern and notifications the service is required to submit regarding any significant events happening at the service. We sought feedback from the commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care throughout the day.

We spoke with 4 people who use the service, 6 relatives and 12 members of staff, including the registered manager, senior care workers, care workers, and auxiliary staff.

We reviewed a range of records including 5 people's care records. We looked at 4 staff files in relation to recruitment, training and support. We reviewed multiple people's medicine administration records and looked at medicines related documentation and management arrangements. A variety of records relating to the management of the service, including policies and procedures were examined.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Safe recruitment practices were followed including checks with previous employers and the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- There was continuity of staff and staff knew people and their needs.
- Staffing levels were sufficient to meet people's needs. Staff were generally available to meet people's needs, although at busier times of the day, such as in the morning and during mealtimes staff could be more task focused. Some areas of the home were not accessible to people until staff were available to have oversight of these areas. The provider told us they were currently reviewing flexible staffing arrangements to improve the availability of staff at busier times of the day.

We recommend that the home review staffing arrangements to ensure people are able to access all areas of the home whenever they wish.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service and people looked comfortable and had good relationships with the staff supporting them.
- Staff completed training and understood their responsibilities to keep people safe. There were policies and procedures to guide staff on what action was needed.

Assessing risk, safety monitoring and management

- People's individual needs and risks were assessed, and regular reviews completed. Where risks were identified, action was taken to mitigate as much as possible and care records contained guidance for staff.
- Environment and equipment was checked and maintained to ensure it was working and safe for people. Risk assessments were in place to mitigate risk where possible. External contractors provided specialist input and assessment and where issues or recommendations were made the service took action.

Using medicines safely

- People's medicines were suitably stored. Clinic rooms were clean and tidy, and people's medicines were available in sufficient supplies.
- People were supported to take their medicine safely. Medicines records were maintained via an electronic medicine recording system (eMAR) and our checks indicated people had been administered the medicines prescribed.
- eMAR contained detail about how people liked to take their medicines. There was information about

medicines people would take 'as and when' such as medicines for pain, to guide staff on when to offer people these medicines.

- At the time of inspection there were some difficulties in accessing and using the body map records with in the eMAR and the provider was working to resolve this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on visiting and people were supported to enjoy time with friends and family.

Learning lessons when things go wrong

- The registered manager and staff team were committed to learning lessons in response to accidents and incidents to reduce the likelihood of them reoccurring. Staff meetings were used as opportunities to discuss and share learning from incidents.
- The registered manager was proactive in using meetings to ensure oversight of people's needs and risk. They closely monitored this to ensure the necessary action was taken at the earliest opportunity.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's bedrooms were personalised to make them homely and comfortable. There were memory boxes outside people's bedrooms which families could use for photographs or other items to help people identify their own bedrooms.
- Consideration had been given to developing quiet areas and spaces for people to sit, relax and meet with friends and family.
- Certain areas of the home were in need of updating. The home was in line for redecorating as part of the provider's rolling programme. We discussed the need to look at additional ways to make the home as adapted as possible for the needs of people living with dementia.

We recommend that the provider ensure good practice guidance is incorporated into the planned redecoration to ensure it meets the needs of the people living at Sunnyside, including those living with dementia.

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

- People were supported to eat and drink a balanced diet. Drinks and snacks were offered to people throughout the day and there were systems of oversight for those where risks were identified. People told us the food was good and were seen enjoying their meals.
- Risks such as weight loss and choking risk were assessed and referrals for external assessment and advice made. People had Speech and language therapy (SALT) and dietician assessments, and advice was incorporated in to care plans for the majority of records reviewed and cascaded through all departments in the home. The kitchen staff had a clear understanding of people's specific needs and how to meet these. The provider was in the process of developing a new recording system to demonstrate that people were receiving food and drink prepared in line with their needs as the current system did not consistently demonstrate this.
- People requiring additional support, such as encouragement, prompting and support to eat and drink generally received this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into Sunnyside. These were reviewed and care plans developed in response to needs identified. The registered manager ensured that the necessary equipment was in place before a person arrived. Information about people's needs and preferences were reflected within records.

Staff support: induction, training, skills and experience

- Staff received regular appraisals and supervision and staff told us they felt well supported.
- Staff completed a range of training relevant to their role and had assessments of practical competency. One staff member told us, "There is certainly lots of it [training] and it is all relevant."
- Staff completed a set induction programme and worked shadow shifts alongside more experienced staff prior to working independently in the home. One staff member told us, "Working alongside others helps you find out what people's likes and dislikes are. It's very helpful."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People felt confident that staff would support them to access any health care input needed. The service had good working relationships with external health care services including district nurses, doctors and podiatrists.
- Appropriate referrals to specialist agencies were made where need was identified, such as wounds which required nurse input, or weight loss which required dietician assessment and advice. Care plans incorporated advice given.
- People's care records did not always demonstrate that people were receiving all aspects of personal care they needed, such as oral care. We discussed the importance of having accurate records, returning to people to offer assistance should they refuse and having systems to escalate concerns, when people consistently refuse personal care. The registered manager was responsive to feedback and assured us that action would be taken in response to this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had assessments of capacity which were decision specific. Where people were deemed to lack capacity there was evidence to demonstrate that decisions were made in line with people's best interest and involving the relevant people.
- People were supported to make choices about their daily lives, we saw staff consistently offer options to people. For example, at mealtimes options were plated up and offered as choices to support people to make meaningful decisions.
- Where people lacked capacity and were subject to restrictions DoLS were requested. The registered manager had oversight of these and where conditions of DoLS were in place these were reflected with in the care records.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 looked well cared for and told us they were well treated by staff. One person commented, "Staff are very kind."
- Relatives spoke positively about the service and staff team. One relative told us, "The staff are good. My [family member] has really settled in and I can see improvements. They have put on weight and are walking now. It's a big difference."

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

- People told us their choices were respected by staff. There was evidence that people or their representatives were involved in decisions around care. One relative told us, "I've contributed to the care plans. They update us immediately if anything changes."
- Staff promoted choice with people regarding their decisions for daily life.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected by staff. Staff were as discrete as possible when supporting people with personal care and ensured people's privacy was maintained,
- People were encouraged to be independent, and care plans provided detail about where people needed support. Staff worked with people to encourage them to remain as mobile as possible.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 had a range of care plans to guide staff on how to support them. These care plans were person centred and detailed. We found some minor inconsistency in some records we reviewed and discussed these with the registered manager who acted immediately to address these.
- People and families told us they were generally happy with how they were supported. They told us, staff knew people well, and knew how to support and reassure them. One relative commented, "When we visit the residents all seem happy. [Family member] has settled in well, they don't ask to go home, they seem happy."
- The provider ran a 'person of the day scheme' where care records were reviewed, and people's and families' views were requested, to support the process of planning personalised care for people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was able to provide information in a variety of formats and languages to meet people's needs. Sign language was used to support people who communicated in this way and technology, such as translation services could be used where a need was identified.

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

- The registered manager was proactive in contacting families and keeping them updated with changes for their family member or within the service. One relative told us, "They've been great here. Always letting you know what's going on. We can come and visit [family member] whenever and staff always make us feel welcome."
- The home had recruited an activity worker, but they had not yet commenced in the role. Staff provided activities with people when they could and specific events, such as to celebrate the king's coronation, were planned in advance. Staff spoke of enjoying spending time with the people they supported and were committed to making the service a happy and safe place to live. We saw staff spent time chatting with people and one staff member commented, "If I can put a smile on one person's face then it has been a good day."

Improving care quality in response to complaints or concerns

- People and families told us they felt able to raise concerns and they were confident things would be quickly addressed. The registered manager was visible within the home and took opportunities to speak with people and families and resolve any issues raised.
- Information about how to make a complaint was displayed within the home. Where complaints or concerns had been raised with the service, these had been investigated and responded to.

End of life care and support

- People and families were encouraged to discuss end of life wishes and develop care plans to enable staff to support them in a person-centred way when a person might reach that stage of life.
- Online training was available to staff and staff had a good understanding of how to ensure people remained comfortable and as safe as possible when they approached the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff spoke positively about the culture of the service. One staff member told us, "The registered manager is firm but fair and looks after us all. They have been exactly what the home has needed."
- The registered manager and staff team were committed to continuous learning and improving the service. Meetings were used as an opportunity to discuss and share learning. The service used staff champions to promote key aspects of care such as good infection control practice.

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 registered manager and provider understood the requirements under the duty of candour. Where things had gone wrong, or people raised concerns or had complaints these were investigated and responded to. Processes were in place to enable learning to reduce risk of incidents happening again.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team worked well as a team and understood their roles. Staff spoke very positively about the registered manager and the team. One staff member told us, "It's a nice place to come to work. We have a great team. We get along, communicate well and work together as a team."
- The registered manager and provider completed a range of audits to check the quality and safety of the service. These audits identified issues and led to action being taken to address any shortfalls. There were systems in place to ensure any actions were completed and embedded into practice.
- The registered manager and staff team were committed to providing good quality care and responsive to feedback and suggestions. The registered manager has a number of ideas to enhance the experience for people living at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives told us they felt able to share their views. The registered manager had an open-door policy and spent time with people and families when they visited, as well as providing regular email updates to relatives.
- Staff worked with the local community and other agencies to meet people's needs. The home celebrated events with the local schools, and supported people to receive visits from religious representatives if they

wanted.