Friend4Friend Limited

Sunnydale Care Home

Inspection report

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Tel: 01934645033

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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

This inspection took place on 22 April 2018 and was unannounced. This was the first inspection of the service since it was registered in 2017. Sunnydale Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service provides accommodation and support to a maximum of five people over the age of eighteen who have a mental health condition. The property does not have a passenger lift so is only suitable for people who are able to use the stairs. At the time of our inspection there were four people using the service.

The registered provider is required to have a registered manager in post and there was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff were recruited safely and at this inspection, there were sufficient staff on duty to meet people's needs. Staff had received training, which allowed them to meet people's needs, and received support through supervision from the registered manager and deputy manager. Staff had received safeguarding adult training and were aware of types of abuse. Alerts to the local authority safeguarding team were made as appropriate.

People told us they felt safe at the service. Accidents and Incidents were recorded and analysed by the manager and action taken where any health and safety issues were identified following an accident or incident.

Medicines were managed safely.

The service was clean and tidy and people had personalised bedrooms. People told us that staff were kind and caring. They had time to get to know people and treated them with respect. They worked within the principles of the Mental Capacity Act.

Care plans were detailed and person centred. They were reviewed regularly and checked by the registered manager and provider.

Social isolation was minimised because staff encouraged people to access the local community either by themselves or with support.

People were supported to maintain their health and had access to health services if needed.

People had opportunities to make comments about the service and how it could be improved. A complaints procedure was in place and people told us they knew how to raise a concern if needed.

The registered manager had good oversight of the service and there was a clear ethos of care.

Staff were led by an open and accessible management team.

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.

The registered manager had ensured proper and safe use of medicines.

There were systems, processes and practices in place to safeguard people from harm.

Risks to people were assessed and their safety monitored and managed so they could be supported to stay safe and their freedom was respected.

There was sufficient numbers of suitable staff to support people to stay safe and meet their needs.

People were protected against the spread of potential infection.

When errors were made by the provider or staff, these were acted on, lessons learned, and improvements were made.

Is the service effective?

Good

The service was effective.

Staff received regular training appropriate to their role. This meant they had the skills and knowledge to meet people's care and support needs.

The service was working within the legal framework of the Mental Capacity Act (2005).

People's choices and preferences were respected.

Staff liaised with health professionals about people's healthcare needs.

Is the service caring?

Good

The service was caring.

People were treated with kindness.

People's rights to independence, privacy and dignity were valued and respected.

People were involved in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

Care plans were holistic and person centred.

People were wholly involved in their care and were given opportunity express their goals and aspirations.

People were able to complain as the provider had an appropriate complaints policy in place.

Is the service well-led?

Good

The service was well led.

There was a registered manager employed who was well supported by the provider and a deputy manager.

There was an effective quality assurance system in place, which ensured continuous improvements at the service.

People who used the service, professionals, and staff were all asked for their feedback about the service.

Staff had positive views about the leadership and culture of the service.

Sunnydale Care 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 checked 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.

We visited Sunnydale Care Home on 22 April 2018 to carry out an unannounced comprehensive inspection. The inspection was carried out by one adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In preparation for our visit, we reviewed information that we held about the home such as notifications (events that happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies, including the local authority's contract monitoring team.

We did not use the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us as everyone could talk to us.

We spoke with two people living in the home, two staff, the registered manager, deputy manager and the provider. We had a tour of the premises and looked at a range of documents including four people's care records, six staff recruitment files and staff training records. We also looked at information relating to the administration of medicines, a sample of policies and procedures, meeting minutes and records relating to the auditing and monitoring of service provision. Following the inspection, we spoke to a Local Authority Contracts and Compliance Officer.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person who used the service told us, "Yes, I am safe here, very safe." Another person said, "If I go out they make sure I have everything I need, like my phone."

Checks had been carried out to ensure that the staff who worked at the home were suitable to work with vulnerable people. These included references, identity checks and the completion of a disclosure and barring service (DBS) check. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

There were sufficient staff deployed to meet people's needs. People told us they thought staffing levels were good and appropriate to meet the needs of the people currently living at Sunnydale Care Home. One person said "I like to have two staff about during the day." One staff told us, "We can meet people's needs; there is always someone we can ring if something happens." The deputy manager completed staff rotas in advance to ensure that staff were available for each shift. There was an on-call rota so that staff could call the registered manager or deputy manager out of hours to discuss any issues arising or if they needed them to come to the home.

Feedback from people, and our observations, indicated that sufficient staff were available to meet people's needs. Staff were available for people, they were not rushed and supported people in a calm manner. We saw staff sitting with people in kitchen and dining room and spending time with people. People who approached staff for support were always engaged with promptly. Staff covered additional shifts in case of sickness, which meant no agency staff were used so people were supported by staff who knew them.

Staff had received training in safeguarding adults and records confirmed this. They understood their roles and responsibilities in supporting people to keep safe from potential harm or abuse. We found staff were knowledgeable about the different forms of abuse and how to recognise the signs of abuse taking place. They told us they would not hesitate to report abuse to the registered manager or deputy manager and were confident they would take appropriate action. The registered manager understood their responsibilities in reporting any concerns about people's safety, which included reporting incidents of potential harm or abuse.

One staff said, "I would report any issues or safeguarding concerns to [name] deputy manager or [name] registered manager." They also told us told us, "There are various kinds of abuse; physical, financial, emotional, sexual. If I came on shift and I was alerted to something I'd the make sure they're ok and then do an incident report and tell the manager."

Policies and procedures were in place for whistleblowing and safeguarding, as well as policies in relation to emergencies, fire safety, medicines, bullying and harassment. Staff told us they felt protected to whistle blow. A whistle-blower is a person who informs in confidence on a person or organisation seen to be engaging in an unlawful or immoral activity. Staff said, "I've never had to do it but I feel safe to do so."

People were safe from the risk of emergencies. Effective fire procedures included individual Personal Emergency Evacuation Plan (PEEP) in place. PEEPs identify people's individual independence levels and provide staff with guidance about how to support people to safely evacuate the premises. The provider recorded when fire drills were completed and all staff received fire training.

A business contingency plan addressed possible emergencies such as extreme weather, infectious diseases, damage to the premises, loss of utilities and computerised data. Procedures identified ensure people had continuity of the service in the event of adverse incidents.

Accidents and incidents were documented and recorded. We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC. Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw follow up actions by staff to prevent them happening again was documented. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns. This demonstrated that learning from incidents and accidents took place.

People told us they received their medicines safely and on time. One person told us, "I have no worries about how they give me my pills." People's medicines were securely stored in a locked cupboard in their own bedrooms and they were administered by staff who had received appropriate training and regular competency checks. Most people were supported with their medicines but all people were working towards managing their own medicines.

Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a list of their known allergies. MAR charts indicated that medicines were administered appropriately and on time. Records confirmed medicines were received, disposed of, and administered safely.

There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol. There was a clear audit trail that defined what action was taken following errors, such as medicine retraining and competency tests. Where people had been supported to manage their own medicines, appropriate risk assessments had been undertaken and reviewed regularly to ensure any risks were managed.

Risk assessments provided guidance about how to support people in a safe manner and mitigate any risks they faced, both health wise and socially. The registered manager told us, "Staff get training on identifying risk. We identify risks from people's life history, current problems and health conditions. It's about capturing people's risks individually."

Risk assessments we looked at balanced safety with allowing people to make their choices and remain independent. Risk assessments were person specific and based around the individual risks people faced. They were linked to mental health illnesses, such as schizophrenia, for others it included the risks of exposure to alcohol or drugs.

Staff and the individual discussed risk management strategies and how to measure their effectiveness. The registered manager said, "We ensure we know where they are going, we ask people to record what time they leave the premises and what they have on just in case people fail to return and we can inform the Police what they were wearing. When people return staff monitor their mood. This gives us trends, themes and we can monitor risk." Staff said, "We don't stop people going out, we support them to keep safe and well, we remind them of doctors' appointments and try to give good mental health support."

Risks associated with the safety of the environment were identified and managed appropriately. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances and legionella. Maintenance and servicing of equipment such as fire alarm, portable appliance testing (PAT) and boiler were seen to be routinely undertaken. The provider used the services of a maintenance person who carried out routine checks and oversaw aspects of environmental safety.

People said that the service was well maintained and clean. One person said, "It is very clean. We all have our daily cleaning tasks and the staff do the rest." Another person said, "Yes, no complaints about cleaning." People were protected from the risk of infection because the provider had systems and processed in place to keep them safe. The registered manager undertook an infection control audits monthly, which identified areas for improvement. We found that all required improvements had been made. People did their own washing with staff support if required. People and staff used colour coded mops and buckets to ensure equipment used in bathrooms was not used in other areas of the home. Staff had access to gloves and aprons which were disposed of appropriately.

Good

Is the service effective?

Our findings

People told us they were satisfied with the way staff looked after them and staff were knowledgeable about their roles. One person told us, "Yes, they [staff] help me."

The service trained staff to support people. Staff told us they completed induction training when they started work. Staff also received training in areas that the provider considered essential. This training covered basic food safety, emergency first aid, equality and diversity, safeguarding, mental health needs, health and safety, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff training records we looked at confirmed this. Staff told us the training programmes enabled them to deliver care and support people needed. Staff also told us that they were supported to complete national vocational awards. The service provided refresher training to staff. Records showed staff updated their training as and when they needed.

The service supported staff through regular supervision and yearly appraisal. Staff records we saw confirmed this. These records referred to staff wellbeing, staff roles and responsibilities, performance and their training and development plans. Staff told us they worked as a team and could approach the registered manager or deputy manager at any time for support.

The management team carried out an initial assessment of each person to determine the level of support they required. This information was used as the basis for developing personalised care plans to meet their individual needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made, be in their best interests and as least restrictive as possible. Staff demonstrated to us that they knew the principles of the act and what steps would be taken to ensure people were protected. "We know that everyone here has capacity, we don't make any decisions for anyone."

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. We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager was aware of the DoLS but no one at the service was deprived of their liberty.

The service asked for people's consent. Records clearly evidenced people's choices and preferences about their care provision. Staff we spoke with understood the importance of gaining people's consent before they supported them. People and staff told us that they gained verbal consent from people who used the service.

Staff supported people to eat and drink enough to meet their needs. One person told us, "Staff help me plan my menu for the week and take me shopping; I am trying to eat healthily." Staff recorded people's dietary

needs in their care plan to ensure people received the right kind of diet in line with their preferences and needs. People were encouraged to prepare meals for themselves with staff support. On the day of the inspection, people were cooking with staff making their favourite puddings. We saw many positive staff interactions with people.

Staff supported people to access healthcare services they required. We saw contact details of external healthcare professionals, community mental health team, psychiatrist and GP in every person's care record. Staff monitored their healthcare appointments. Staff attended healthcare appointments with people to support them where needed.

People's bedrooms were personalised and were individual to each person. Some people had personal items such as paintings and photographs which had been used to make their rooms familiar and comfortable. People had keys to their own rooms and could move freely about the rest of the home.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion by the staff and the service. One person told us, "The staff are good and kind."

Each person was assigned a keyworker who supported them to achieve the best possible outcomes. We saw staff listened to people and provided them with support in a way that made them feel that they mattered. People told us that staff would listen to them and talk to them about their emotional needs. The service supported people to express their views and be actively involved in making decisions about their care and support through keyworker meetings, which gave them an opportunity to discuss any changes they wanted or just to have a catch up with the keyworker on a formal basis. One staff said, "We have the monthly (keyworker) meetings but we tend to work really closely so if need be, we will have meetings earlier."

People's privacy and dignity was respected. People had their own rooms and staff would gain consent before entering. Although staff did not directly support people with personal care, they would prompt them and remind them of the importance of good personal hygiene. People were encouraged to remain independent in their daily lives.

One staff told us, "We are all dignity champions. If they [people at the service] have any problems, they can come to any of us." The registered manager confirmed that staff had taken this role very seriously.

All the people we spoke with said the staff were kind and caring. There was a calm atmosphere throughout our inspection and people were given opportunities to express themselves and join in what they preferred. We observed people choosing to go out, what to eat and when to have a cigarette. Staff spoke with people in a manner that the person could understand and they did not use confusing jargon. We observed staff and people joking with each other and staff knew how to respond to people whose agitation was escalating and used techniques described in people's care plans to reduce anxieties.

The registered manager told us that any person living at Sunnydale who wished to have a relationship would be fully supported and they would ensure the person was safe. This would be recorded as being discussed with the person and meant that staff were aware and would be able to support people.

Each person we spoke with said they felt that staff listened to them. Each person had complex mental health needs and staff spoke enthusiastically about the journey each person has been on since arriving at the service. The registered manager told us that they hoped that people would be able to move into the community. One person told us that they were working towards being able to live in the community in their own flat. This was documented in the care plan. This meant that the service worked towards people's goals and aspirations.

We observed that staff members were respectful to people. We saw them knocking on doors and asking permission to enter. We observed that staff did not over load people with questions and gave people time answer.

We saw that any personal information relating to people or staff was stored securely in a locked room. Some documents were stored on a computer which was password protected. This meant that information was stored confidentiality. The registered manager explained that the service was ready for the new General Data Protection Regulation (GDPR). GDPR is new legislation which comes in effect in May 2018, will supersede the Data Protection Act 1998 and give people more control over how their personal data is used and how this will affect information held in health and social care services. This meant the service was planning for change and ensuring they were working in line with the requirements for the change in legislation.

Good

Is the service responsive?

Our findings

Every person we spoke with told us that they had the opportunity to contribute to their support plan and have a copy if they wished. One person told us, "I know what's in my support plan but I choose not to have a copy as it's too much information." Each plan had been drawn up in conjunction with the person, their keyworker and the deputy manager and gave staff clear information and guidance to meet the needs of people living at Sunnydale. Support plans documented what support was required to assist people. A detailed health care plan documented what help people needed to stay well and how to support them with various conditions and illnesses. A safety care plan discussed how to safeguard people from anti-social behaviour, supporting people to take medicines and keeping people safe from exploitation. For one person, we saw that steps had been taken to prevent them becoming involved in risky behaviours. The service was aware what could be a risk and were able to intervene before any concerns escalated.

Support plans discussed interventions to manage low mood and agitation and gave distraction and de-escalation techniques for staff to use. Other plans we viewed referred to people's goals and aspirations. One example we saw stated that the person wanted to be able to manage their own medicines. Although this was not happening for all their medicines at the time of inspection, the service planned to work with the person in the future to enable them to achieve this goal.

Support plans were reviewed monthly or more often when required and the review involved people. We saw detailed daily written notes for each person kept in files. The notes were clear and legible and described what people had done in the day and if anything need to be passed on to staff starting the next shift.

People had detailed personal, social and health history in their support plans. The registered manager told us that they took time to complete this and the staff team built a picture of people's history and it was used to start conversations with people. We saw that there was an activity noticeboard in the dining room telling people what was happening that day and people could join in or choose not to.

One person enjoyed going to the local swimming pool. The registered manager confirmed that staff supported the person to do this and this activity was documented in the support plan. Another person told us that they enjoyed visiting their friend. A third person said they enjoyed going to visit family. The registered provider told us that last year, the whole group and all staff members went on holiday paid for by the provider and that, it was a positive experience for all as people and staff were able to spend time together in a relaxed environment.

We saw in minutes of residents' meetings where people were able to discuss any issues involving the service. One person said they wanted everyone to help in cleaning the home. This was actioned as a plan. Residents' meetings were held on a regular basis. From the minutes, we saw people were given the opportunity to discuss what was working well for them and what could be improved. Ideas were shared about activities and meals. Any concerns about the environment or people's rooms could be raised. This meant that the service was involving people to help improve the service and giving people the opportunity learn skills.

We saw that there was information for people on how to make complaints displayed on the noticeboard. One person told us that they felt able to complain and was confident that it would be investigated fully. The guidance for making complaints was in line with the Accessible Information Standards. These standards are legal requirements for people receiving adult social care to ensure they can access and understand information they are given. The service had received two complaints from people but they were not about Sunnydale. We were assured that any learning from complaints would be shared in staff meetings and house meeting for people living at the service.

The registered manager and deputy manager had both completed end of life training, and planned to have all staff complete it. However, as the plan was for people to move into independent living from Sunnydale, they did not have conversations about this unless people requested it.

Good

Is the service well-led?

Our findings

We observed that the registered manager and deputy manager had a very good awareness of the needs of people who used the service. They were open and transparent when answering all of our questions during the inspection. They were able to show us how the service planned to improve going forward. The registered manager was also the manager for another of the provider's services so was supported by the deputy manager who was solely based at Sunnydale. As the other service was over the road, the registered manager was at Sunnydale daily.

The registered manager had sent statutory notifications to CQC meeting the legal requirement to notify us of certain events. The registered manager was highly respected by people who used the service and staff because of their approach and attitude. One staff told us, "The managers are open and approachable. They are brilliant." Staff described Sunnydale as, "A brilliant place to work and the managers are flexible with the hours. There is a lovely atmosphere." A professional told us "The manager [name] is brilliant; the home is really well managed."

The registered manager was supported by the provider who visited monthly. The registered manager carried out weekly quality checks. Actions required had been identified And we saw these had been actioned. The provider carried out quality monitoring checks and carried out quality monitoring visits. This ensured that the service continued to meet the required standards.

There was a quality assurance policy which had been reviewed within the last twelve months. The registered manager identified certain quality indicators on a weekly basis and this information was shared with the provider. The indicators were areas such as admissions to the service, complaints, accidents and incidents, notifications to CQC, staff absence, and any other issues. The registered manager completed daily and weekly checks which covered all areas of the service. This ensured that the quality of the service was maintained and where appropriate action was taken to improve areas of concern and achieve good outcomes for people.

Meetings were held regularly with people who used the service and staff. We saw the minutes for the last staff meeting and residents meeting. At the staff meeting, staff had discussed a new person who had moved in and any new risks. At the residents meeting, we saw that one person had requested a specific activity to be added to the activities. This had been done. The service demonstrated how they had responded to people's comments and requests.

Feedback was gathered from people who used the service and staff through surveys and meetings. We saw that professionals, people who used the service and staff had all completed surveys and had given positive feedback.

There were clear community links in this service. People accessed the local community daily using shops and other local amenities. The service worked in partnership with other professionals to achieve positive outcomes for people, for example the Community Mental Health Team.