

Bluebell Care Limited

Sunnyside Nursing 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

We inspected Sunnyside Nursing Home on the 11 November 2014 and the visit was unannounced. Our last inspection took place in November 2013 and at that time we found the home was meeting the regulations we looked at.

Sunnyside Nursing Home provides accommodation for a maximum of 36 people who require personal care or nursing care. Local shops and community facilities are a short walk away in the Cross Gate area of Leeds.

There was 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.'

On the day of our visits we saw people looked well cared for. We saw staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated that they knew people's individual characters, likes and dislikes.

People's care plans and risk assessments were person centred and the staff we spoke with were able to tell us

Summary of findings

how individuals preferred their care and support to be delivered. Care plans and risk assessments were reviewed on a regular basis to make sure they provided accurate and up to date information and were fit for purpose.

People told us there were enough staff to give them the support they needed and this was confirmed in our observations. Staff told us they had received induction and training, the records we looked at reflected this. There were induction records for staff and training records showed clearly the training staff had received. This meant people could be confident staff had the skills to meet their needs.

The organisations staff recruitment and selection procedures were robust which helped to ensure people were cared for by staff suitable to work in the caring profession. In addition all the staff we spoke with were aware of signs and symptoms which may indicate people were possibly being abused and the action they needed to take.

The staff had access to a range of training courses relevant to their roles and responsibilities and were supported to carry out their roles effectively through a planned programme of training and supervision.

Staff received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and they were able to demonstrate a good understanding of when Best Interest Decisions need to be made to safeguard people.

People told us care was effective and they received appropriate healthcare support. We saw people were referred to relevant healthcare professionals in a timely manner.

People told us they had a good choice of food and they were encouraged to participate in a range of appropriate social and leisure activities.

There was an effective quality assurance monitoring system in place which quickly identified any shortfalls in the service and there were systems in place for staff to learn from any accident, incidents or complaints received.

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 told us they felt safe in the home. Medication policies and procedures were in place and prescribed medicines were being stored, administered and disposed of safely.

The staff recruitment and selection procedure was robust and newly appointed staff were not allowed to work until all relevant checks had been completed and references received.

We saw information on a safeguarding incident which had been managed through the appropriate safeguarding team. The staff we spoke with knew how to recognise and respond to allegation of possible abuse correctly and were aware of the organisations whistleblowing policy.

Good



Is the service effective?

The service was effective. People told us the way their care, treatment and support was delivered was effective and they received appropriate health care support. We saw documentary evidence which demonstrated that people who lived at the home were referred to relevant healthcare professionals.

People reported the food was good. They said they had good choice of quality food. We saw people were provided with appropriate assistance and support and staff understood people's nutritional needs.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own.

Where people required bed rails or restraint such as lap belts there was information on risk assessments having been carried out and agreement from people to have the equipment put in place.

Good



Is the service caring?

The service was caring. People said staff were kind and caring, treated them with dignity and respected their choices. This was confirmed by our observations, which showed staff displayed warmth and friendliness towards people and regularly checked people to ensure they were not in need of anything.

We found information about people's life histories and personal preferences in their care records. When we spoke with staff they knew about people's likes and dislikes.

Where people had end of life care needs we saw information on other providers such as out of hours GPs being given information on the needs and preferences of people.

Good



Is the service responsive?

The service was responsive. Systems were in place to assess people's needs and we saw evidence people's needs were regularly assessed. Care plans and risk assessments were person centred and contained good information about how people's care and support should be delivered.

People told us they knew how to make a complaint if they were unhappy and they were confident their complaint would be investigated by the manager and action taken.

Good



Summary of findings

People told us a range of activities were available and they were able to access the community and see their families.

Is the service well-led?

The service was well-led. People told us the manager listened and acted on any comments or concerns raised. The provider and manager were proactive in ensuring whenever possible people who lived at the home and staff were involved in improving service delivery.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify shortfalls in the service.

Staff spoken with told us they were well supported and were encouraged to air their views and opinions about the service so that improvements could be made if necessary.

Good



Sunnyside Nursing 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.

The inspection took place on the 11 November 2014 and was unannounced. We used a number of different methods to help us understand the experiences of people who used the service. During our visit we spoke with eight people living at the home, two relatives, five members of staff, the manager and one of the provider's. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people living in the home. We looked at all areas of the home including people's

bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home such as training records and policies and procedures.

The inspection team consisted of one adult social care inspector and a specialist advisor who specialised in nursing care.

Before our inspection, we reviewed all the information we held about the home. 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. The local authority and safeguarding team told us they had no concerns. Healthwatch feedback stated they had no concerns regarding Sunnyside Nursing Home. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

This service was safe. We observed there were enough staff to meet people's needs and keep them safe. People we spoke with told us they felt there were enough staff available to give them the support they needed and no concerns were raised about the staffing levels. One person said, "I am very well looked after, I feel safe here." Staff we spoke with told us there were enough staff on duty to meet the needs of people.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check and at least two written references were obtained before staff started work. Two members of staff we spoke with told us the recruitment process was thorough and no one was allowed to start work before all the relevant checks had been completed.

We saw evidence which confirmed the provider had safeguarding policies and procedure in place. These were designed to protect people from harm. The staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They were aware of the whistle blowing policy and felt able to raise any concerns with the manager and were confident they would take action to address concerns raised. These safety measures meant the likelihood of abuse occurring or going unnoticed were reduced.

We saw information regarding one safeguarding incident which had been managed through the appropriate safeguarding team.

We looked at the provider's medicines policy. The policy demonstrated the provider had taken steps to ensure they complied with current legislation and best practice in the administration of medicines.

We looked at medication administration records (MARS) and saw that all of the MARS were correct and that each had information on people's allergies to medication. We saw that each MARS had a photograph of each person and that medication had been put into colour coded containers for different times of the day. This ensured that people got their medication at the right time of the day.

We saw that medication audits had been carried out. We saw that the medication fridge temperature was audited daily.

We saw that each person who was having controlled drugs had their own individual controlled book. All of the information we saw in the books was correct.

We found appropriate risk management processes were in place. We saw risk assessments were in place, for moving and handling, nutrition and pressure area care. Where risks were identified, care plans were put in place which provided information to staff on how to keep people safe.

We saw written evidence the registered manager had notified the local authority and Care Quality Commission of safeguarding incidents. The registered manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

We found people were cared for in a clean, pleasant and hygienic environment. There were systems in place to manage infection control and prevention, these were effective. We saw personal protective equipment, liquid hand rub and liquid soap was available to people. Staff demonstrated good knowledge and awareness of their responsibilities for infection prevention and control and there was evidence staff had received relevant training.

Is the service effective?

Our findings

This service was effective. We looked at seven care records of people. Each care plan had information on people having comprehensive assessments such as mobility, personal hygiene, elimination, nutrition and social care. Where risks were identified we saw plans were in place to reduce the risks. We saw that care plans had information on consent being gained for care, sharing information and having a photograph taken. We saw that there were personalised care plans which had information such as “All about you” and “What I like”. We saw that people had individual activity plans.

All seven care plans had information on Mental Capacity (MCA) assessments having been carried out and two care plans had information on a Deprivation of Liberty Safeguards (DoL's) application having been made. There was information on involvement with relatives where people did not have capacity. Staff were able to give examples of instances when Best Interest Decisions had been made with the involvement of relevant professionals. Care plans evidenced information regarding people's capacity to make decisions. This ensured people were protected against the risk of excessive and unlawful control or restraint.

We asked staff what they did to make sure people were in agreement with any care and treatment they provided. The staff told us they always asked people's consent before providing any care or treatment and continued to talk to people while delivering care so people understood what was happening. Throughout the visit we saw staff treated people with respect by addressing them by their preferred name and always asked people their preferences and consent when they offered support.

People told us they received appropriate healthcare support. For example people said, “Anyone can see the GP when they want.” Care plans showed people were routinely referred to community health professionals. The outcome

of these visits was documented to assist care staff in meeting people's needs. This indicated to us people received good healthcare and links were good between healthcare services and the home.

Where people required bed rails or restraint such as lap belts there was information on risk assessments having been carried out and agreement from people to have the equipment put in place.

We found that people's dietary needs were being met and staff encouraged people to eat a varied and balanced diet. People spoke very positively about the food which they said was good and plentiful. For example one person said, “The food is really good the cook come's around and discuss the menu with us.” We found people were assessed to determine whether they were at risk of malnutrition and where risks were identified care plans were put in place to assist staff in meeting their needs. People's weights were monitored monthly and we saw evidence of involvement of dieticians where weight loss was identified. This indicated the home was providing effective nutritional care.

We observed the lunchtime meal and saw staff provided people with appropriate assistance. The atmosphere at lunchtime was pleasant, with staff engaging those they were assisting in conversation. People spoken with said the food was hot. We found drinks were available to people throughout the day, and we observed staff encouraging people to drink to reduce the risk of dehydration.

We looked at a sample of staff training records and found that staff had access to a programme of training. Mandatory training was provided on a number of topics such as safeguarding vulnerable adults, manual handling, first aid and fire safety. Additional training was provided. Some of the staff had achieved the National Vocational Qualification (NVQ) We spoke with the NVQ assessor employed by an external agency and they told us the manager was proactive in making sure staff had the skills they required to carry out their roles effectively.

Is the service caring?

Our findings

This service was caring. People living in the home told us care and support was good. They commented they felt supported and the staff were approachable. One person said, “Staff are friendly and I get the care I want.” Another person said, “I like staying in my room and if I feel like getting up I will.” People said staff treated them with respect. They said when staff were providing personal care doors were closed. We observed that this was routine during our observations on the day of the inspection.

People told us their healthcare needs were discussed with them during their care reviews. This showed us the service involved people in discussions about their healthcare needs. One person said, “I am getting an electric wheelchair so I can get around better.”

We saw people looked well cared for. People were wearing clean clothing and their hair had been brushed or combed. This showed us staff had taken time to support people with their personal appearance.

We saw some staff interacted with people well and had developed good relationships. For example one person who needed to be moved. We saw staff were very patient with the person and explained the reasons for wanting to move them.

The staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. They explained how they maintained people’s dignity, privacy, and independence. Staff told us about the importance of knocking on doors before entering people’s private accommodation and making sure curtains were closed when supporting people with personal care. This demonstrated the staff had a clear knowledge of the importance of dignity and respect when supporting people.

We looked at care plan documentation and saw evidence that advanced care plans were in place where appropriate and care plans were amended regularly with input from multidisciplinary teams. Staff and management we spoke with had a good understanding of ensuring people receiving end of life care and their families were treated sensitively.

One relative spoken with told us they were always made to feel welcome by staff and could visit at any time. They went on to say the home would contact them if their relative was not feeling well.

A relative told us they were involved in setting the care plan when their relative moved into the home they said, “We met with the manager as a family to discuss Mum’s needs and what we expected, so far they have lived up to what we agreed.”

Is the service responsive?

Our findings

This service was responsive. People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which provided staff with information to deliver appropriate care. We found care plans were written in a clear way and they were about the person as an individual. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in the care plans and people's needs were regularly assessed and reviews of their care and support were held.

Each person's records included a daily record of care given. The record showed personal care; activities participated in, observed mood and behaviour, appointments with other health care providers and incidents. The record was signed by all staff participating in that person's care.

We saw that care plans were regularly reviewed by staff and that an annual review took place which included near relatives or advocates and appropriate healthcare professionals. This showed us the provider had taken appropriate steps to involve all relevant people in the care planning process.

Relatives told us they were involved in people's care plans. One person said, "Whenever there is a change I am asked to read and sign the care plan."

Staff we spoke with told us they had input in to the care planning process through the key worker system and used the care plans as working documents. The key worker system meant that all people living at the home had a named staff who took a specific interest in their care, treatment and support. The staff we spoke with demonstrated a good knowledge of people's needs and how individuals preferred their care and support to be delivered.

We looked at the complaints policy which was available to people who lived at the home, relatives and staff. The policy detailed how a complaint would be investigated and responded to. We spoke with four members of staff who was able to tell us how they would support people to make a complaint. One relative spoken with said, "My sister knows how to complain but we haven't had any complaints."

All of the people we spoke with said they felt comfortable in raising any concerns with the registered manager. One person said, "I tell them if they are doing things wrong and they change it." We looked at the concerns and complaints records. Complaints were recorded and it was clear how the provider had responded to them and what action was taken. This included giving feedback on issues raised to prevent re-occurrence in the future.

We spoke with six people who told us they were happy with the activities on offer such as bingo, mind games and singers coming in. Their individual care plans recorded these events and the resulting benefits. This showed that people were actively encouraged to participate in a range of appropriate social and leisure activities.

Is the service well-led?

Our findings

We found the service was well-led. We saw there was a quality assurance monitoring system in place that was focused on providing positive outcomes for people who used the service.

Records showed decisions about people's care and treatment were made by the appropriate staff at the appropriate level. There was a clear staffing structure in place with clear lines of communication and accountability within the staff team.

We saw evidence of a rolling programme of meaningful audit to ensure a reflective and quality approach to care. Audits carried out by the manager included medicines, care plans and the internal environment and fabric of the building. The outcomes of these audits were translated into action plans to ensure problems were addressed

speedily. For instance, we saw that any maintenance issues within the home were identified quickly and recorded in the maintenance register for action by a suitable contractor.

The staff we spoke with told us they were well supported by the manager and senior staff team and were encouraged to air their views and opinions about the service so that improvements could be made if necessary. We saw the minutes of the resident meeting which recorded current and proposed menus and suggestions for activities. One relative spoken with said, "They do have meetings and they put a notices up, however I don't always attend." This showed us the provider had put appropriate systems in place to obtain the feedback of both people who lived at the home, relatives and staff.

Two other visitors spoken with said regular meetings were held and residents and relatives were invited to attend. They said this was sometimes when they would raise any issues they might have.