

Sunnybank P.R.S. Limited

Sunny Bank PRS

Inspection report

Sunny Bower Street
Tottington
Bury
Lancashire
BL8 3HL

Tel: 01204883621

Website: www.sunnybankprs.co.uk

Date of inspection visit:

05 April 2016

07 April 2016

13 April 2016

Date of publication:

24 August 2016

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This was an unannounced inspection, which took place on 5, 7 and 13 April 2016. We had previously carried out an inspection in October 2013 when we found the service had complied with all the regulations we reviewed.

Sunny Bank PRS is a privately owned care home providing psychiatric rehabilitation services for up to 21 people with enduring mental health needs. The home is a large converted detached property with accommodation provided over three floors. The home has a pleasant conservatory overlooking landscaped gardens and is surrounded by fields to the side and the rear. The home also has three supported living houses within the Bury area. All bedrooms are single occupancy. It is situated close to Tottington village. Facilities available in the village centre include shops, pubs and a health centre. There are good transport links to Bury and Manchester.

There was a registered manager in place at the service. 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.

People were encouraged and supported to manage their own medicines where possible.

People we spoke with told us that they felt safe at the service. The staff team training record showed that all staff had undertaken training in safeguarding adults. The support workers we spoke with were able to tell us what action they would take if they had any concerns about a person who used the service.

The house was seen to be well maintained, comfortable, homely, clean, and tidy.

There was a lengthy assessment process that could take up to eight weeks. During this period, people had a gradual introduction to the service, which included overnight stays and an opportunity to develop and participate in their activities programme. This gave people and the service time to get to know one another and decide whether the placement would work before an agreement was reached to move into Sunny Bank permanently.

The staff team worked flexibly to ensure that the activities programme could be met supported people. There was a low staff turnover and most of the staff had worked for the service for many years so they knew people well.

The assessment and care plan process focussed on people's strengths, personal preferences and their goals to take back responsibility for their lives with renewed confidence. This was done by creating a constructive programme of activities, which they wanted to participate in to help motivate them to meet their personal goals.

Staff members who we talked with told us, "We support people to move outside their comfort zone with gentle persistent persuasion to gain more control over their lives," "We show people how to take responsibility and help them to increase their self-reliance. This is a slow and often frightening process for people but success breeds success."

People told us that, "The food is nice and we can have an alternative if we don't like what's of offer," "The food is really good and there is a wide variety. They don't give me anything I don't like" and "The new chef is brilliant." We saw that as part of the activity programme that people were involved in the preparation and cooking of food depending on their individual level of ability. Taster evenings took place to help people try new meals that they might want to add to the menu.

People said, "I take part in the exercise group. I love it and it is really good for me. I get fresh air and eat the right food," and "I am feeling healthy since I have been here. I go to the gym and play badminton and table tennis. I smoke less and don't smoke in the night anymore. I see the chiropodist."

The service worked in partnership with other health and social care professionals. This meant that people had access to the support they needed.

The atmosphere at the home was calm and relaxed and interactions between people and the staff team were seen to be frequent and friendly.

People who used the service spoke positively about the staff team. They told us, "The staff are helpful and they know me well," and "The staff are kind and considerate and they understand where I am coming from." We saw that the service recognised that sometimes living together can be difficult and had produced a leaflet call 'RESPECT find out what it means to me'. This leaflet gave 'top tips' for living in a communal environment which included, to treat people as you would want to be treated and that if people respect one another dignity will automatically follow.

People who used the service told us, "I am involved in my care plan and risk assessments." "I choose to attend most of my review meetings." We looked at the care records for three people who used the service. We saw that the records were person centred and highly detailed. The service worked in partnership with the person's allocated health or social care professional to help ensure progress was being made in relation to people's planned goals.

People we spoke with told us that 'without a doubt' that the best things about living at Sunny Bank were the trips out, activities within the local community and group work, which had helped them to regain their independence. One person said, "They do more here than other places I have lived at. I have been involved in a lot of activities during my time here such as the gym, cinema, trips out, meals out, which they pay for. I have also got a push bike."

The director said that, "We use our imagination to give people coming to live at Sunny Bank opportunities they have not had in their lifetime. We look at anything and everything from coffee mornings in the village, to go karting and the rugby league final." A staff member said, "The activities programme is packed. We are always looking for new activities to keep it varied." Another said, "It is a very get up and go place. Non-stop!"

People were encouraged and supported to be as independent as possible.

People were encouraged to maintain contact and rebuild relationships with their families and friends. For people who had no family and friends contact extra activities to help support people were included in the

activity programme to help encourage and support other relationships and friendships.

People did not have any complaints but told us that they would have no issues raising them if they did.

We saw that there was a qualified and competent management team in place. People who used the service and staff spoke highly of the management team. They told us that the managers of the team were always approachable and supportive. A staff member said, "I think the managers are brilliant. If I have any worries or concerns, I can approach them for advice. They engage with everyone."

Systems were in place to show the service was under constant monitoring and review, which included external assessment.

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.

People we spoke with told us they felt safe at the service. Sufficient numbers of staff were deployed flexibly to meet the needs of people and the extensive programme of activities in place.

The home was clean and tidy and there were systems in place to control the spread of infection.

Is the service effective?

Outstanding ☆

The service was consistently effective.

A thorough assessment was undertaken before a person moved into the service to give them the opportunity to test out what the service offered to help them during their recovery.

Staff received the induction training they required to ensure they were able to carry out their roles effectively.

People told us that the food at the service was good. They were involved in developing the menu and preparing and cooking food. People had the opportunity to eat out on a regular basis and these were seen as social occasions.

The service worked in partnership with a wide range of health and social care professionals to help ensure that people received the support, care and treatment they needed

Is the service caring?

Good ●

The service was always caring.

We found that the atmosphere at the home was warm, relaxed and friendly and interactions observed between people who used the service and staff were pleasant, polite and often good humoured.

People were supported to understand what being treated with dignity and respect was through group work. The provider also

understood the difficulties group living could present and offered solutions in how to help understand others.

Managers and staff knew people who used the service well and had good knowledge of their needs, likes and dislikes.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People were involved in a wide range of activities and group work tailored to meet their individual needs, goals, support their emotional wellbeing, community involvement and ensure that their lives were as fulfilling as possible.

People were supported to do as much as they could for themselves to maintain and promote their independence.

Care records were person centred and very detailed about what action was to be taken to support each individual's personal preferences.

People were involved in the reviews about their care and support. The service worked in partnership with health and social care professionals to help ensure people's needs were met.

Is the service well-led?

Outstanding ☆

The service was consistently well led and sustained high standards.

The service had a manager who was registered with the Care Quality Commission (CQC). People who used the service and staff spoke positively about the management team who had the professional qualifications, skills and experience to deliver an effective service.

The service promoted strong values and a person centred culture which was supported by a committed staff group.

There was a strong emphasis on continually striving to improve the service. External advisors and assessors supported the provider to help protect people against the risks of inappropriate and unsafe care.

There were quality assurance systems in place for assessing, monitoring and reviewing the service. There were also systems in place for gathering people's views and opinions and acting upon

them to help improve the service.

Sunny Bank PRS

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.

Before our inspection, we reviewed the information we held about the service including notifications the provider had sent to us. We also contacted the local authority safeguarding and commissioning teams. They raised no concerns about the care and support people received from Sunny Bank.

We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was returned to us by the service.

The inspection took place on 5, 7 and 13 April 2016, was unannounced and involved one adult social care inspector.

During the inspection, we spoke with eight people who used the service, both directors, the registered manager, an assistant manager, an admin/care co-ordinator, two senior support workers, a support worker, housekeeper and catering housekeeper.

We looked at a range of records relating to how the service was managed; these included three people's care records, recruitment files and training records. We also looked around parts of the home.

There were no relatives and friends visiting at the time of our visit. After our visit, we received positive feedback from seven relatives about the service. We also saw on display a recent very detailed quality assurance review undertaken by the service that relatives had been involved in as were health and social care professionals. We have also used their feedback comments made in the quality assurance review in this report.

Is the service safe?

Our findings

People we spoke with told us that they felt safe at the service. One person said, "I feel secure here." Another person said that, "Security is good and I do feel safe here." The staff team training record showed that all staff had undertaken training in safeguarding adults. The support workers we spoke with were able to tell us what action they would take if they had any concerns about a person who used the service. They told us they were confident the director would listen to them if they were to raise any concerns.

We looked at the recruitment and selection procedures for the two newest members of the staff team. We saw that systems were in place that met the requirements of the current regulations, which included a criminal record check. Records also showed that a pre-employment medical questionnaire, references, identification and an application form had been completed. This helped to ensure that only people who were suitable to work with vulnerable adults were employed at the service.

A manager said that the staff team was carefully selected and looked for 'natural' carers who were adaptable. "It is a pleasure to work with them. We looked at recent rotas for the service, which showed that flexible support was available to ensure that the weekly program of activities could be met as well as training and other events. The service did not use outside agency staff. This meant that people received consistent care and support from a staff team that knew them well. We saw that a monthly staffing needs analysis was carried out in relation to the dependency needs of the people who used the service to ensure the right level of support need was provided.

We saw that the service had a business continuity management plan in place that covered critical emergencies and the responses to them for example loss of staff, IT or utilities. We talked with the staff member responsible for the health and safety checks undertaken throughout the home and the records that were maintained. Checks included, PAT testing for which they were trained, cleaning shower heads to help prevent legionella, the homes vehicle, fire safety checks, water temperatures, emergency mobile phones, carbon monoxide and wheelchairs.

People who used the service said, "It's very clean" and "It is nice and clean." We talked to the two housekeepers. They told us that they felt very involved in the running of the service. They told us that they worked alongside people to undertake the cleaning of their bedrooms to help promote their independence to the best of each individual's ability. Cleaning products were checked to see if they were safe for people to use without causing risks to their health and welfare.

We saw that there was a monthly schedule of cleaning tasks to be completed and a weekly schedule that linked to people's individual activity programme. The housekeepers had received training to help them understand 'hoarding,' and how to support people living with this condition sensitively.

We saw that colour coded mops and buckets were in use. The housekeepers ensured that paper towels and liquid hand wash were in place in toilets and bathrooms and that hand sanitizer, was strategically placed throughout the home. Instructions on the importance of hand washing and techniques were also in place.

Red bags were used to transfer soiled items and the washing machines had sluice facilities that killed any bacteria.

The kitchen was seen to be clean and tidy. Documentation we saw showed that on a local authority environmental health intervention report the service had been rated 5* the top level of achievement. There was a list of allergens, fridge and freezer temperatures were taken twice a day to help ensure that food was safely stored and stock rotation systems were seen to be in place.

One person said, "I am completely managing my own meds now." Another person said, "The staff give me my medicines. I get them on time and they never run out." "I have PRN meds available for if I feel tension. They are there if I need them but I never use them but it is important that they are there." It was clear from talking to people who used the service that promoting people's independence to do as much as they could for themselves in respect of taking responsibility for their medication was promoted wherever possible and to varying degrees.

We checked the medicines management systems at the home. We saw that the service had recently created a small treatment room. Efforts had been made to maximise the space available. We asked the provider to review the security of the cupboard. We saw that room and fridge temperatures were taken daily to help ensure that medicines were safely stored.

We saw that the service had a copy of National Institute for Health and Care Excellence (NICE) guidelines for care homes and the latest British National Formulary (BNF) book. We were told that only staff who had received training and were assessed as competent were authorised to administer medicines. A sample of staff signatures and initials of those staff was seen for identification purposes. We saw that there was guidance available to staff on how to give medicines. Medicines were supplied to the home in a monitored dosage system (MDS). Medication Administration Record sheets (MARs) contained a photograph of the person for whom the medicines were prescribed; this should help ensure medicines were given to the right person.

There was only one controlled drug being used at the service. We found that the amount of the medicine was accurately recorded in the controlled drug book. We were told that no-one was being given their medication covertly, which means without their knowledge and consent. People received homely or over the counter medicines were appropriate that were authorised by the person's doctor and records of the administration of these medicines were kept. An annual medication errors report was maintained by the service, which had been found during audits of the medicines system.

We looked at the arrangements for the use of a 'licenced' medicine being prescribed for eleven people who used the service. The necessary health checks associated with this medicine had been undertaken at the local hospital to ensure that the people concerned were not experiencing any adverse physical health effects. We saw that medicines came outside the pharmacist arrangements with the home. A record sheet was seen to have been delivered with the boxes and this was retained however the original boxes were destroyed leaving no evidence of the batch numbers from the box.

We looked at 'as required' medicines which were being used for the management of people's behaviour. These medicines were seen to be managed outside the MDS system. We found for one medicine prescribed to a person who used the service that there were more tablets than the two boxes identified. We saw that the batch numbers on the medicines strips did not match the batch numbers on the boxes. This meant that the medicines could not be properly accounted for. We saw information to show that these risks had been identified and were told improvements to address the shortfalls would be addressed immediately, which

was subsequently confirmed by the provider.

Is the service effective?

Our findings

We saw that the service consistently sustained good practice in relation to supporting people in their recovery from mental illness to achieve a good quality of life as defined by the person. This was achieved by helping people regain a sense of responsibility and control over their lives, as well as being optimistic about future. The service also recognised that recovery does not necessarily mean being symptom free.

Sunny Bank is a psychiatric rehabilitation service and offers a range of facilities and therapeutic support for people who have enduring medium to long-term mental health needs. Some people stay at the main house, which is Sunny Bank, other people move on into either one of the services three local supported houses or to more independent living settings within the community.

An individual's recovery started at the point of referral and through a lengthy assessment period. During the assessment process, a person's social and personal history is gathered. This includes daily living skills as well as psychological and sociological aspects of the person and their behaviours. This information starts to inform a detailed care plan, which was tailored to meet people's needs and preferences.

We saw in the care records we looked at that the assessment process could take up to eight weeks. However, we noted that there had been one short notice admission due to an emergency situation in the past year, which is unusual for the service. During the assessment period, people had a gradual introduction to the service, which included overnight stays and an opportunity to develop and participate in their activities programme. This gave people and the service time to get to know one another and decide whether the placement would work before an agreement was reached to move into Sunny Bank permanently.

The assessment process focussed on people's strengths, personal preferences and their goals to help them take back responsibility for their lives with renewed confidence. This was achieved by creating a constructive programme of activities, which they wanted to participate in to help motivate them to meet their personal goals. The director gave us examples of people who had not been expected, due to the level of their illness to make any progress at the point of referral to Sunny Bank. One person, who was considered to fall in this category, was discussed. This person was now able to take care of themselves, took pride in their appearance, had been to a see a rock star and indie band concerts and was involved in pottery classes.

We asked relatives if they thought the service was effective. A relative commented, "Yes, my [relative] was very ill when [relative] arrived at Sunny Bank and potentially very vulnerable but the service were sensitive to both [relative's] needs and others in the service, including staff." Another relative commented, "Our [relative] went to Sunny Bank, wrongly diagnosed. [Relative] now has a correct diagnosis thanks to the intervention of Sunny Bank."

Staff members who we talked with told us, "We support people to move outside their comfort zone with gentle, persistent persuasion to gain more control over their lives," "We show people how to take responsibility and help them to increase their self-reliance. This is a slow and often frightening process but success breeds success," "We treat the whole person here. People are often very poorly when they come

here. It is all about building self-esteem with relationships and trust, getting to know them. It is important to see the potential in people. When people can't see the potential in themselves then someone else has to do that for them" and "A structured routine helps the process of recovery, we know what people need for wellbeing."

People were supported to with specific techniques and skills to help them cope with the negative effects of anxiety and stress. A staff member said, "We have started mindfulness groups to help people practice basic relaxation and we are considering offering 1:1 sessions for people who needed additional support." This helped some people to relax and enabled them to use a strategy to help them manage their anxiety.

We saw that the recovery star charts used for people who used the service. A recovery star is a care planning tool which acts in a visual way to support and measure change. Examples include areas such as trust and hope, identity and self-esteem and managing mental health. All the recovery stars were evaluated annually to check whether the person and the service as a whole had made progress. This helped to evidence that the action being taken by the service had a positive impact on people's wellbeing.

People told us about what action they took to ensure their physical and mental wellbeing. One person who had moved into the home as an emergency told us that they had an 'MOT' when they moved into the home to check their physical needs were being met. During our visit an occupational therapist was visiting to assess a person whose physical needs had changed to consider with them what strategies might be considered to improve the situation.

People told us that they were encouraged and supported to live healthy lifestyles. They said, "I take part in the exercise group. I love it and it is really good for me. I get fresh air and eat the right food," "I am feeling healthy since I have been here. I go to the gym and play badminton and table tennis. I smoke less and don't smoke in the night anymore. I see the chiropodist."

It was clear from discussions that staff had an excellent understanding of the people they looked after and were able to identify early indications that they may becoming unwell and may need to be assessed by a psychiatrist.

A number of doctors and a consultant psychiatrist had recently participated in a quality assurance survey. They commented, "I always find the staff very approachable, helpful and knowledgeable about clients, are patient and caring and communicate well with us," "An excellent long established service with a strong track record of success," "Exceptional patient centred care" and "I have always been impressed by the high quality care provided to clients. There is good communication with primary care and a professional approach. Always treat clients with care and respect for their individuality. Identify and address physical needs at an early stage. Excellent service." A paramedic had complimented the staff on the written information and the verbal reporting by the service.

People told us they liked the house and where it was situated. One person said, "We are in the countryside and also close to Bury and Bolton. It's picturesque here." A staff member said, "We encourage people to be good neighbours and participate in the local community. Great surroundings."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 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. The application 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw that one person was being deprived of their liberty safeguarding (DoLS) and we had received a notification confirming this from the provider. We saw on the staff team training records, that staff had undertaken Mental Capacity Act (MCA) 2005 and DoLS training.

People who we spoke with told us, "The staff know what they are doing." A new staff member said, "I have been made to feel very welcome and I could not have asked for a better induction. [Director] has everything well planned. Everyone is approachable, no tension and lots of laughter. It is a pleasant place to work. I feel like I am learning and involved. Another new staff member said, "I had two weeks induction which included getting to know people. I feel like I have always been here."

We saw that staff undertook mandatory training in fire safety, first aid, food safety, manual handling, medicines, and safeguarding vulnerable adults. We saw that dates for renewal and refresher training had been identified. Additionally we saw that there was an extensive range of training undertaken by staff, which included 119 areas within induction alone, as well as training meetings and external courses such as deprivation of liberty safeguards, autism awareness, hearing voices, personality disorder, self-confidence building and understanding dementia. This helped staff to understand what people might be experiencing and how to support them effectively and safely.

We saw a copy of the training needs analysis for the service to meet the current business plan for April 2015 to May 2016. The objectives were to increase staff awareness in dignity, equality, diversity, inclusion, safeguarding and mental capacity matter to assist in demonstrating personalisation and recovery with the provision of care and support. Also to maintain essential courses through Bury Adult Care Training Partnership (BACTP), increased use of IT to increase efficiency, maintain and improve staff awareness of mental and physical health conditions, needs, treatment and care approaches by all staff. This training will enable staff to support people safely and effectively.

We saw that the service held staff training meetings. The topics to be included in 2016 were for example, advocacy service by MIND, hoarding causes and management and a Six Steps update. We saw that the providers kept up to date with best practice and this information was shared with the staff team and people who used the service. Staff were also given independent learning time which was to be used to look at for example, consent to treatment, infection control, writing records and reports, schizophrenia, depression, mental capacity, equality and diversity, Jewish faith and LGBT. There was a range of books, regular bulletins from organisations with a focus on improving people's quality of care, professional magazines and other resources available for both people who used the service and staff to use.

People told us that, "The food is nice and we can have an alternative if we don't like what's of offer," "The food is really good and there is a wide variety. They don't give me anything I don't like" and "The new chef is brilliant." We saw in the record of compliments made by people that they regularly gave positive feedback about the food they received.

We saw that the service was well stocked with a variety of food. We saw that there were detailed records of people's likes and dislikes. Some people had special diets for diabetes and one person was a vegetarian.

People's birthdays were celebrated. The person whose birthday it was chose the main meal of the day and also had a birthday cake. Parties were arranged for 'big birthdays' and Christmas Burns night

We saw that there had recently been a 'Taster Evening' at the service where the new chef made a range of meals for people to try. Meals included, kedgeree, mushroom risotto, chicken satay, spicy tomato and cheese pasta, beef stoffado, oriental pork and tagiatelie carbonara. The most popular meal was served the following day to help show people that they had influenced choosing the meal. There had also been a 'Build a Pizza Night' offering a range of food options that once chosen were cooked and eaten by people. The chef said, "I have never met a person like [director]. Whatever I need, I buy."

Is the service caring?

Our findings

There was a clear referral criteria of admission to the home. The provider always considered the needs of the established group when considering a new person to come and live at the home. This was to help minimise any disruption to people already living at the home.

We saw that the service recognised that sometimes living together could be difficult and had produced during group work by people who used the service a leaflet call 'RESPECT find out what it means to me'. This leaflet gave 'top tips' for living in a communal environment which included, to treat people as you would want to be treated and that if people respect one another dignity will automatically follow and take yourself to your own space if feeling stressed.

We found that the atmosphere at the home was warm, relaxed and friendly. Interactions observed between people who used the service and staff were pleasant, polite and often good-humoured. People we saw appeared well dressed and cared for. Ladies we spoke with told us that they liked to choose new clothes and have their hair and nails done before going out for a meal, to the theatre or a concert.

People told us, "You get to make friends here and we help each other" and "The staff treat me with dignity and respect. My room is private and is my space. No one goes in without my permission. I have got a television in my room that I can watch if I feel too crowded in the lounge."

People consistently spoke of the outstanding care delivered by staff. They told us "The staff are helpful and they know me well," "The staff are kind and considerate and they understand where I am coming from," and "I am like a new woman since I have been here and I am enjoying life. Staff are kind, gentle, loving and are easy to approach. They are not overpowering. So good and solid. You can see on my blog on the website what I think of this place. Everything is spectacular!"

We asked relatives if they thought the service was caring. They told us, "Yes, [Director] and her team are very caring indeed. I am very impressed by what I see but more importantly what my [relative] reports back to me," "Very much so....and to relatives of residents" and "Sunny Bank is an excellent service and I cannot express how amazing the staff are."

A staff member said, "The quality and standard of life people have here are the same as I have in my own life. No-one cuts corners." Another said, "I would live at Sunny Bank."

We saw that the home had a 'positive statements' board which helped people to take a fresh look at any perceived problems they had and view them in a more positive light.

We saw that people who used the service during group work sessions had produced a document that informed professional staff who cared and supported them as to how to treat them with dignity. For example, being listened to, being able to say no, being spoken with as an equal adult, respecting my religious beliefs and treating people without prejudice. Everyone had a copy, which was also on display.

We saw that the service had produced a one-page document 'Our primary principles of care' which was displayed throughout the home. This described the wide range of qualities of staff for example, understanding, open minded, trustworthy and what they promoted for example, human rights, insight and choice. These had been mapped against the fundamental standards of the service. This document gave a clear values statement about what people should expect from the service.

We saw a copy of a 'brain storming' document 'Recovery Our Thoughts' in which 37 people who had used the service had contributed to. The document included people's views and opinions on, what recovery meant to people. The document gave examples of how people could have a good quality of life despite having mental health needs, things they felt helped their recovery, how fellow clients, friends, family, mental health services and medicines can help. People also considered what helped them believe in themselves again and encouraged optimism and hope.

We saw that there was an equality impact assessment carried out that demonstrated how the service ensured that people experiencing medium to long term mental health problems who were referred to them were assessed in a fair and equitable manner and also in relation to the staff recruited by them. A monthly equality and diversity record was also maintained and an equality action plan with measures of success was also in place that helped to show a strong focus on inclusion, fairness, equality and diversity for people who used the service.

We looked at the record of compliments made by people for March 2016. We saw that people thanked staff for the support that they received. Examples included staff encouraging a person to get involved in the craft group, another person also commented about the craft group and they were pleased with the Easter bonnet and card they had made for their mum. One person had also commented on staff being so caring during their recent eye operation.

The provider had embraced new technology to help people communicate with others. People were able to improve their computer skills by using the services computer or by attending computer courses. The service had an interactive website that people who used the service used to give their views and opinions about the service. The website also showed photographs from activities and events that people had been involved which included flower arrangements and a person's critiques from recent theatre performances they had attended.

Is the service responsive?

Our findings

People who used the service told us, "I am involved in my care plan and risk assessments" and "I choose to attend most of my review meeting." We looked at the care records for three people who used the service. We saw that the records were highly detailed, person centred and strengths led. They provided staff with information on what needed to happen to provide each person with the support they needed to help them regain and develop further life skills to meet people's individual goals. We saw that people's identified goals and actions put in place to support people's individual health, arrangements to attend group work and participation in activities were extensive.

People's care and support was reviewed regularly with them, the service and the person's care co-ordinator to check that progress was being made and they signed the care plans. The service worked in partnership with the individual's care co-ordinator to ensure their needs and personal goals were met.

People we spoke with told us that 'without a doubt' that the best things about living at Sunny Bank were the activities and group work, which helped them increase their levels of motivation in a constructive way and also to regain their independence. There were a wide range of groups that people could participate in which included, social skills, assertion, problem solving and confidence building, life skills as well as current affairs, quizzes and discussion groups.

We asked relatives if they thought the service was responsive to people's needs. They told us, "Yes...in our experience impressively responsive to the needs, interests and capabilities of individuals" and "[Relative] has a full life and interesting programme within the confines of [relatives] disabilities and is happy and fulfilled."

The service had strong community links, involving attending local churches and using other facilities in the village such as hairdressers, public houses and the library.

We were told by the services admin/care co-ordinator that the activities programme changed every week and this was seen in the very detailed diary record. A manager said, "[Director] is very efficient, manages a complex activity programme and keeps on top of changing legislation and practice." "The director keeps people at the forefront of the service and sets very high standards for us to maintain." The director said that, "We use our imagination to give people coming to live at Sunny Bank opportunities they have not had in their lifetime. We look at anything and everything from coffee mornings in the village, to go karting and the rugby league final." A staff member said, "The activities programme is packed. We are always looking for new activities to keep it varied." Another staff member said, "It is a very get up and go place. Non-stop!"

One person said, "They do more here than other places I have lived at. I have been involved in a lot of activities during my time here such as the gym, cinema, trips out, meals out, which they pay for. I have also got a push bike." Other people said that they enjoyed, "Going to the gym, table tennis and swimming," "Knowsley Safari Park and karaoke," "I like the men's group and the relaxation group," "Shopping at Bury Market and Bingo" and "Going to church." We saw that people's art work and pottery was displayed

throughout the home.

People were encouraged to respect and take care of the house, which enhanced their daily living skills and promoted their independence whilst maintained the home as a pleasant place to live. People worked alongside both the housekeepers to help maintain and regain everyday living skills dependent on their level of ability and long-term goals. We also saw that as part of the activity programme people were involved in the preparation and cooking of food depending on their individual level of ability to help them increase their skills and maintain their independence.

One person we spoke with who was soon to move to a more independent living situation told us about their time at Sunny Bank. They said, "It has been fantastic here. I have now got my life back in control and can handle my money. I am looking forward to moving on. They have given me back my confidence and self-esteem. I am proud of myself."

A relative told us, "My [relative] has done extremely well due to Sunny Bank. They have been the most consistent part of the care package [relative] has received and they have been able to support [relative's] move into a shared house which they support too which is ideal as during a transition it is important to have consistency" and "The service consistently offers incredible responses to all my sister's needs."

The director told us that many people who used the service had held down a wide range of jobs before becoming unwell. Some people we spoke with told us about the voluntary work they were now involved in. One person said, "It has been a life line here. I am now semi-independent and have the best of both worlds here." This person had started to do voluntary work on a part time basis and this had helped to improve their confidence. Some people attended local college courses for computing.

People were encouraged to maintain contact and rebuild relationships with their families and friends. For people who had no family and friends to visit extra activities to help support people were included in the activity programme to help encourage and support other relationships and friendships. During the week people who lived in the supported houses could attend the men's evening, ladies evening and the quiz night.

Because Sunny Bank offered a range of service this meant that if a person who lived in the supported houses started to become unwell, they could return to the main house for additional support. One person said, "I have come back for a while. I can see now where things went wrong and I will try again." The director told us that they offered people reassurance if people's health deteriorated. They said we tell people, "We didn't let you fail before and you can come back and try again."

A relative said in a returned questionnaire, "Outstanding levels of care providing lots of opportunities for my relative to engage in the local community and becoming active in pursuing their interests. Also, organise many events and trips for resident. My relative has improved in both mental and physical health and likes the staff. When I have had any questions or concerns these have been effectively addressed by the staff. Excellent team at Sunny Bank."

People who used the service confirmed that the service heard and acted on their views. One person said, "I haven't any complaints to make they are helpful at all times." The director told us that the service was always looking for different ways of creating opportunities for people to give their views and opinions. The director recognised that people gave feedback about the service in different ways, for example, some people preferred to chat informally and other happy to talk in organised residents meetings. They said that systems were in place to give people the option of talking with other managers about their quality of life and not the

directors. Any concerns raised would be acted upon to help improve the service. The director said they had recently reintroduced the secure suggestions box to enable people to give their views anonymously.

No complaints had been made since our last inspection and CQC had not received any complaints about the service. We saw that a monthly record of all written and verbal compliments was maintained which covered, communication and liaison with others, food, activities and help and support. This information was included in plans to improve the service.

Is the service well-led?

Our findings

We found that the providers and the registered manager had substantial knowledge about ways to help enabled and support people to recover from mental health difficulties. They were highly proactive in ensuring that the service consistently maintained and sustained high standards in the best interests of the people who used the service.

The service had a manager who was registered with the Care Quality Commission (CQC). The managers at the service had the required qualifications and experience to competently run the service. The registered manager was a registered general nurse (RGN). Two directors who both took an active part in the day-to-day running of the home owned the service. One director was a registered occupational therapist and the other director was a registered mental health nurse (RMN) who specialised in behavioural management. Since our last inspection, the service had also employed a part-time assistant manager who was a RMN. An admin/care co-ordinator and administration staff supported the management team and an IT consultant.

We found that the directors and the registered manager worked together to deliver exceptional leadership within the home. They promoted a positive culture that embraced everyone connected with the service.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of accidents, incidents, safeguarding allegations and a deprivation of liberty safeguard application. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

People spoke of the commitment and dedication of the management team and particularly the director who was also legally responsible for the service. One person said, [Director] is lovely but very busy she never stops. [Director] is kind and patient but I think she should have more time for herself."

We asked relatives if they thought the service was well led. They told us, "Yes, [director], [registered manager] and [assistant manager] run a consistent and very capable service," "Excellent leadership with staff who are interested and caring" and "The leadership is second to none and I am extremely grateful for their help and support. I can't find enough superlatives to describe Sunny Bank."

Staff we spoke with told us that they thought there was an exceptionally supportive culture and managers were always looking for ways to improve the service. They said that that the service was "Rolls Royce" and "Brilliant." "You can't get better than this," "I think the managers are brilliant. If I have any worries or concerns, I can approach them for advice. They engage with everyone," "I have never met a person like [director] she works so hard for everyone. We are encouraged to think outside the box to help make life extra special for the people who live here. [Director] never stops!" and "The [director] strives for excellence and we work with her accordingly to achieve that. It is wonderful to see the transformation in people's physical and mental health." "The [director] is totally dedicated to the people here and the staff team all bring something to the table. We are always looking for ways to improve."

There was a strong emphasis on continually striving to improve the service. The directors and managers recognised, promoted and regularly implement external assessments in order to provide a high-quality service. The service sustains outstanding practice and improvements over time and works towards, and achieves, recognised quality accreditation schemes.

We saw records that showed that external professionals regularly assessed the service, for example, the homes policies and procedures to ensure they promoted good employee relations and complied with current employment legislation. We saw a certificate from an external organisation that checks the health and safety management systems which helps to promote and manage a safe working environment. The certificate was valid until February 2018. We saw that a valid standard certificate of accreditation was in place for Investors In People award. The home was first awarded a IPP in 2011 and was successfully reassessed in September 2014.

Since 2007, the service has been assessed for ISO 9001:2008 quality management standard. This is an external assessment that covers management audits and management processes. The findings of the assessment stated that positive areas included that care files were comprehensive, business objectives were well constructed and management reviews and internal audits were comprehensive. The service has been reassessed on three occasions and has maintained certification. A valid certification was in place until 20 June 2016.

We saw that the service had a comprehensive system of audits and checks in place to help ensure good outcomes for people who lived and staff who worked at the home. We saw that in addition the service had taken action to cross-reference the policies and procedures for the service against the current regulations and fundamental standards to help ensure that the service was compliant with them. We saw that in February 2016 an action plan had been put into place to address any action the service needed to take to further address the Key Lines of Enquiries (KLOEs), for example, duty of candour and safeguarding children training and to test the effectiveness of the business continuity plan. This helped the service to focus on continuous improvement by regular self-assessment and monitoring.

We saw that a number of local authorities had undertaken contract monitoring visits. Outcomes showed that the service had achieved a Grade A from one local authority and a gold standard from another.

We saw and heard that the service helped to create a social network for people and include them in as many local community groups as possible, for example, some people went to local churches and groups. People who used the service used facilities that the public also used, for example, the local library, hairdressers, shops, restaurants and pubs.

We saw that the service had undertaken a detailed quality assurance review in January 2016. Questionnaires were sent to people who used the service, their family and friends and health and social care professionals. Relatives comments included, "What better accolade if there than to have your [relative] tell you regularly (and unprompted) that Sunny Bank is a really good home and that he is very happy there," and "We had heard good reviews about Sunny Bank PRS and were so glad when a place became available. I could not believe how well organised the whole structure was. Our [relative] is now enjoying a full active life and is support on every aspect of their illness. Sunny Bank is a role model for all mental health organisations." The evaluation of the surveys received showed that no-one offered any comments as to aspects of the service that people would like to see developed.