

Bupa Care Homes (HH Leeds) Limited

# Sunnyview House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Sunnyview House Care Home provides nursing and personal care to people aged 65 and over. The home accommodates 84 people across three separate floors. Each floor has separate adapted facilities for providing residential, nursing and dementia care.

People's experience of using this service and what we found: The provider protected people from harm or abuse. People and relatives told us staff cared for people safely. Staff followed individual risk assessments to reduce risks to people. Accidents and incidents were analysed to identify trends to help the provider prevent them from happening again. People told us they received their medicines on time and as prescribed.

Staff provided care and treatment based on a thorough assessment of people's needs and preferences. The provider fostered a culture of celebrating diversity amongst people living in the home. Staff were well trained and well supported in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff cared for people as individuals and respected people's individual views, choices and decisions. People and relatives told us staff were kind and caring in nature.

People received personalised care and support, tailored to meet their needs and preferences. People were provided with a varied programme of activities that promoted social interaction and connected with people's interests.

People, relatives and staff told us the home was well-managed. There was a clear focus on delivering a high-quality, individualised care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: At the last inspection the service was rated requires improvement (published 2 May 2018).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

## 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.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Sunnyview House

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

**Inspection team:** On day one the inspection team consisted of one inspector, a specialist advisor for medicines and two experts by experience. One inspector visited on day two of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Sunnyview House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** The inspection was unannounced on day one and announced on day two.

**What we did before the inspection:** Before the inspection we reviewed information we held about the service. This included notifications from the provider and feedback about the service from the local authority contracts and safeguarding teams. A notification is information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

**During the inspection:** We spoke with 10 people who used the service and seven people's relatives. We spoke with 10 staff members including the registered manager, clinical services manager, activities coordinator

and chef.

We observed the lunchtime experience and we looked around the building including in people's bedrooms, bathrooms and communal areas.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place to safeguard people from harm or abuse. All staff had received appropriate training in this area and were clear about their responsibilities to report any concerns.
- The registered manager was aware of their responsibility to report safeguarding concerns to the local safeguarding team and the CQC.
- People and relatives told us staff cared for people safely. People told us, "I feel really safe" and "I do yes, the staff are nice."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager had a robust process in place to monitor and respond to risks associated with people's physical health needs.
- People's care plans contained individual risk assessments that provided staff with clear guidance about how to reduce risks to people. Staff were able to consistently tell us how they put this into practise.
- The home was well-maintained. Firefighting equipment was in date and available throughout the building.
- Each person's care plan contained information about how to support the person to leave the building safely.
- Accidents and incidents were recorded and dealt with appropriately. There were systems for analysing incidents and identifying any trends to help the provider prevent them from happening again.

Staffing and recruitment

- There were enough staff to care for people safely. Staff were deployed appropriately and assigned clear roles and responsibilities.
- Staff attended promptly to people when they needed support. Staff told us, "Everybody pulls together. It is very rare we are short staffed."
- The provider had robust recruitment processes in place to reduce the risk of employing unsuitable staff.

Using medicines safely

- Medicines were stored and administered safely. Records accurately reflected the treatment people had received.
- Staff who administered medicines had undertaken appropriate training and had access to information about medicines at the point of administration. Staff competency in managing medicines was assessed annually.
- People told us they received their medicines on time and as prescribed.

Preventing and controlling infection

- The home was clean, tidy and free from unpleasant odours.

- Staff in all areas of the home maintained appropriate standards of hygiene. They followed good infection control procedures to minimise the risk of healthcare-associated infection.
- One person told us, "They come every morning, they clean the bathroom and vac the carpet".

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People received person-centred care and treatment, based on a thorough assessment of their physical and mental health needs and preferences.
- People had access to the equipment and technology they needed to remain as independent as possible.
- Staff provided care and treatment in line with legislation and best practise guidance which resulted in good outcomes for people.
- Staff recognised and valued diversity amongst people living in the home. They promoted positive relationships between people who shared a protected characteristic and those who did not.

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

- Access to healthcare services was sought for people without delay. Staff followed the recommendations of healthcare professionals to provide continuity of care. A relative told us, "They make referrals when they notice anything. They update me when I visit".
- Staff communicated changes in people's needs effectively across shifts and worked together to provide consistent care and treatment.

Staff support: induction, training, skills and experience

- New staff completed a thorough and in-depth induction programme. Additional, ongoing training was provided to equip staff with the necessary skills and experience to be effective in their roles.
- Staff received regular supervision and annual appraisals. They told us they felt well supported by the management team.
- Staff gave positive feedback about the support and encouragement offered to them by the registered manager; "You have everything you need to do a good job". Staff consistently told us any further training they had requested was approved by the registered manager.

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

- People lived in a homely and comfortable environment with access to a secure, outdoor garden.
- Era-specific displays promoted reminiscence and purposeful activity areas provided opportunities for positive stimulation for people living with dementia.
- The layout of furniture in communal areas aided interaction between people. People appeared relaxed and comfortable whilst socialising with others.
- Accessible spaces promoted independence and freedom for people to move easily around the home. Handrails were provided along each corridor and a lift was available for people who could not use the stairs.

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

- People were provided with enough to eat and drink. The provider employed additional staff, dedicated to serving food and drink throughout the day.
- Staff were knowledgeable about people's individual dietary needs and preferences. People at risk of poor nutrition and dehydration were monitored regularly to ensure their needs continued to be met.
- People told us, "The food is quite good. There are set mealtimes, but you can ask for food outside these times. I can ring for a drink when I want one" and "Very nice. I can get a drink whenever I want".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff demonstrated a good working knowledge of MCA and DoLS. Staff supported people to have choice and control over their lives and supported them in the least restrictive way possible.
- Where people lacked capacity to make specific decisions about their care, the provider involved relevant people and professionals and clearly record their actions and assessments.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff cared for people as individuals and spoke about people with fondness and respect. They had a good knowledge of people's individual needs and preferences. A member of staff told us, "You should never forget why you put the uniform on; to improve people's lives".
- The provider celebrated equality and diversity through training and staff engagement and displayed these values throughout the home. Staff told us there was a culture of respecting diversity and that the registered manager lead by example.
- Staff participated in creative workshops which supported them in discussing issues of sexuality and intimacy with people living with dementia.
- We received positive feedback from people and relatives about the kind and caring nature of staff. Comments included, "Staff are very kind"; "They (staff) would go out of their way to help you."

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

- Staff communicated clearly with people and respected their individual views, choices and decisions.
- People and relatives told us they were involved in writing and reviewing care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's privacy and dignity when they provided care and support. They knocked and waited before entering people's bedrooms and closed curtains and doors before supporting people to wash or dress.
- People were supported to maintain good hygiene and personal appearance.
- People told us staff offered support when it was needed and helped them to maintain their independence. People told us, "They try to get me to do whatever I can" and "I don't need a lot of help, but they support me when I need it."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support appropriate to their needs.
- People's care plans contained information about their care and treatment needs as well as preferred routine, interests and important relationships.
- Staff responded quickly to people's changing needs and continued to provide the right care and support.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information regarding people's communication needs was recorded in their care plans. Staff communicated with people in an accessible format of their choice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with a varied programme of activities that promoted social interaction and connected with people's interests.
- The provider employed two dedicated activities coordinators who arranged meaningful events and created a stimulating environment. People told us, "They give us a sheet of activities, so we can please ourselves, but if I want to go out, I can go". A relative told us, "There is no pressure on [Name of person] to do anything. They (staff) know they likes card games and they play with [them]."
- People were supported to maintain relationships with those closest to them. The provider recognised the value of this and provided space for people to spend quality time with family and friends. A private event space was available for people to book for special occasions and family functions.

Improving care quality in response to complaints or concerns

- People and relatives knew how to give feedback about their care and felt confident their concerns would be taken seriously. Relatives told us, "I have never made a complaint, but I'd feel able to if there was an issue" and "I know the manager; I feel she would deal with any issues if I raised them".

End of life care and support

- The provider respected people's choices for care and support at the end of their lives and enabled people to die in comfort and with dignity.

- People's families were involved in planning end of life care for their relatives.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The culture of the home was open, honest, caring and focused on delivering a high standard of care and support. Staff spoke passionately about delivering individualised care and we observed this throughout our inspection.
- The registered manager empowered staff to take responsibility and work together to achieve good outcomes for people.
- The registered manager continuously sought to expand their knowledge of best practise and put this into action.
- People, relatives and staff told us the management team were approachable and open to feedback. Their comments included, "I've talked to the manager; she often calls in" and "The manager comes around in the morning; she is approachable and listens to me."

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

- The roles and responsibilities of the registered manager, auxiliary and care staff were well defined and understood by staff, relatives and people who used the service.
- There were auditing systems in place to support continuous improvements within the home. Where any performance issues or risks were identified, they were investigated, and actions taken to ensure issues were addressed and resolved.
- Staff took their roles seriously and raised any concerns they had with the registered manager. A member of staff told us, "If you speak, then you are listened to".

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

- Once a week the provider opened the home to the local community, serving as a dementia friendly café.
- The registered manager held a support group for family and friends. They told us it was important relatives were given the opportunity to come together to share their experiences and provide peer support.
- The provider listened to and acted on feedback provided by people, relatives and staff. A relative told us, "I commented that it would be nice to have refreshments available in lounges for residents and visitors. There are now drinks and home baked cakes available."