

Forward Care (Residential) Limited

Sunnyfields

Inspection report

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06 July 2016

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Ratings

Overall rating for this service

Requires Improvement 

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|----------------------------|---|
| Is the service safe? | Requires Improvement  |
| Is the service effective? | Requires Improvement  |
| Is the service caring? | Good  |
| Is the service responsive? | Good  |
| Is the service well-led? | Good  |

Summary of findings

Overall summary

The inspection was carried out on the 06 July 2016 and was unannounced.

Sunnyfields is a small home on the Isle of Sheppey which provides accommodation and support for up to four people with learning disabilities. Three people lived at the home on the day of our inspection. People had difficulty communicating verbally and were unable to tell us about their views and experiences of living at the home.

We last inspected Sunnyfields on 23 and 31 October 2014. The service was rated as 'requires improvement' as an overall rating because they did not have a registered manager in place and had not completed or returned their provider information return (PIR). Actions from audits had not always been dealt with in a timely manner.

At this inspection Sunnyfields had a registered manager. The registered manager was registered for Sunnyfields and another local service owned by the provider. 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 and associated Regulations about how the service is run. As the registered manager was not based in the home on a daily basis the provider had put in place a home manager.

People were unable to verbally tell us about their experiences. Relatives gave us positive feedback about the service and the management of the home.

Risks to people's safety had not always been adequately assessed. People were at risk because actions identified in the fire risk assessment had not been addressed. People were at risk of scalding when using baths and showers.

Medicines had been administered following the provider's medicines policy and following good practice guidance. One medicines record was not accurate and complete. We made a recommendation about this.

The provider and registered manager had not notified CQC about important events such as Deprivation of Liberty Safeguards (DoLS) applications in a timely manner. The home manager had let CQC know about other events such as serious injuries.

Recruitment practices were not always safe; one staff member's employment history contained gaps that had not been explored. We made a recommendation about this.

There were enough staff on duty to meet people's needs. Staff had undertaken training relevant to their roles. Staff had received regular supervision and support.

Staff had received training about protecting people from abuse and showed a good understanding of what their roles and responsibilities were in preventing abuse.

People enjoyed the food; meals were served according to people's assessed needs. People helped to choose the food on the menu.

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA), which included steps that staff should take to comply with legal requirements. Staff had a good understanding of the MCA to enable them to protect people's rights. Documentation did not always follow the principles of the MCA. We made a recommendation about this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Deprivation of Liberty Safeguards (DoLS) applications had been made to the local authority and had been approved. Conditions with DoLS authorisations had not been met. We made a recommendation about this.

People's weights had not always been monitored. We made a recommendation about this.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner. The staff ensured people received effective, timely and responsive medical treatment when their health needs changed.

Interactions between people and staff were positive and caring. People responded well to staff and engaged with them in activities. People were encouraged to take part in activities that they enjoyed. People were supported to be as independent as possible.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect.

People's information was treated confidentially and personal records were stored securely. Daily records were kept in an unlocked cupboard in a communal area; we made a recommendation about this.

People's view and experiences were sought during meetings and through quality assurance surveys. Relatives were also encouraged to feedback through surveys, although relatives had not been sent surveys since 2014.

Communication between staff within the home was good. They were made aware of significant events and any changes in people's behaviour. Handovers between staff going off shift and those coming on shift were documented, they were detailed and thorough.

Effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 not consistently safe.

Risks to people's safety and welfare were not well managed to make sure they were protected from harm. Risks from hot water and fire had not been appropriately managed.

People were protected from abuse or the risk of abuse. The home manager and staff were aware of their roles and responsibilities in relation to safeguarding people.

Effective recruitment procedures were not always in place, gaps in employment had not always been explored when new staff had been recruited. There were enough staff deployed in the home to meet people's needs.

People's medicines were stored safely and securely and were well managed. Not all medicines had been appropriately recorded.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff had received training, supervision and support relevant to their roles.

Staff had a good understanding of the Mental Capacity Act (MCA) and how to support people to make decisions. Some documentation did not follow the principles of the MCA. Deprivation of Liberty Safeguards (DoLS) authorisations had been made by the local authority; however the conditions within the authorisation had not been met.

People had appropriate support when required to ensure their nutrition and hydration needs were well met.

People received medical assistance from healthcare professionals when they needed it. People's weights had not always been monitored.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. People's information was treated confidentially. Daily records were not always kept securely.

Staff were kind, caring and patient in their approach or supported people in a calm and relaxed manner.

People were supported to maintain important relationships with their relatives.

Is the service responsive?

Good ●

The service was responsive.

People participated in activities which met their needs. Staff had a good understanding of people's communication needs.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to. Care plans were in the process of being updated.

The service had a complaints policy. Complaints procedures were not available in an easy to read form.

Is the service well-led?

Good ●

The service was not consistently well led.

The provider had displayed the latest rating of their October 2014 report in the home but not on their website.

The registered manager had not notified CQC of Deprivation of Liberty Safeguard (DoLS) authorisations.

Systems to monitor the quality of the service were in place, and were effective.

Staff were aware of the whistleblowing procedures and were confident that poor practice would be dealt with appropriately.

Sunnyfields

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 06 July 2016, it was unannounced. The inspection was carried out by one inspector. Another inspector assisted the inspection by making calls to relatives.

We gathered and reviewed information about the service before the inspection including information from the local authority, notifications and our last report. A notification is information about important events which the home is required to send us by law.

We spent time with people who lived in the home. People were not able to verbally express their experiences of living in the home. We observed staff interactions with people and observed care and support in communal areas. We interviewed four staff including the home manager and the registered manager. We spoke with relatives by telephone.

We contacted health and social care professionals to obtain feedback about their experience of the service.

During our visit we looked at records in the home. These included two people's personal records and care plans, a sample of the home's audits, risk assessments, surveys, four weeks of staff rotas, three staff recruitment records, meeting minutes and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including fire risk assessments, health and safety audits and policies. The information we requested was sent to us in a timely manner.

Is the service safe?

Our findings

People were unable to verbally tell us about their experiences. We observed that staff supported people to safely move around their home. The atmosphere was relaxed and calm.

Relatives told us their family member's received safe care. Comments included, "I think the staff are good but I have asked them to take special note when he goes to the loo, he does need a bit of help and checking, he gets to close to the door frame on occasions" and "We are all in agreement that he is safe at the home".

People's safety had not always been suitably assessed. One person who lived at the home used a wheelchair to mobilise in the home. A fire risk assessment carried out by a contractor in April 2016 had identified fire risks, such as fire escape routes were not suitable for all of the people living in the home. The fire risk assessment had identified a number of other tasks which needed to be completed. These had not been completed. During the inspection we noticed that several fire doors had been propped open by wooden door stops which increased the risk of fire spreading through the home, automatic door closure devices had not been fitted to doors. Automatic door closure devices enable people to freely move around the home without obstruction, however in a fire they activate and close fire doors to reduce the risk of fire spreading. We spoke with the home manager about this and they removed the wooden door stops. We also reported our concerns about fire safety to Kent Fire and Rescue service.

Risks to people's safety in relation to water temperatures had not been well managed. The handyperson carried out monthly water temperature tests. Water temperature records showed that water temperatures in May 2016 had exceeded the maximum temperature. Some temperatures had been recorded as 45 degrees Celsius. There was no record of action that had been taken to address the high temperatures. We spoke with the home manager about this and they told us that staff only checked the temperature of baths and showers by dipping their hands or arms in the water and there was no record that staff had adequately checked the temperatures of baths and showers before people had used them. The policy for 'controlling scalding risks from bathing and showering' showed that all staff had signed and read it in June 2016. This policy stated that the maximum temperature for bathing was 44 degrees Celsius and the maximum temperature for showering was 41 degrees Celsius. The policy showed that temperatures should be checked at each bath or shower. This meant that people were at risk of scalding because staff were not following policy and procedures.

We checked the 'Assessing and managing risk policy' which was dated July 16. This detailed that staff should be constantly aware of risks, receive training and ongoing supervision regarding risks. The person responsible for assessing risk in the home had not received training in this area. This meant that the provider had not followed their own policy.

Infection control procedures were in place in the home. However, we found that some practice in the home did not follow good practice guidelines. Some bins in the home were not pedal bins which meant that people had to touch the bin lid to open the bin which increased the risk of contamination.

The failure to ensure care was delivered in a safe way was a breach of Regulation 12 (1) (2) (a)(b)(d)(h) of the health and social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks to people and staff had been appropriately checked, recorded and reduced. Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks relating to day to day support and activities. For example, risk assessments were in place to detail risks relating to eating, taking medicines, moving and handling and health conditions. Risk assessments gave clear guidance to staff about safe working practices and reducing risks to people. Staff we spoke with had a good understanding of people's current health needs.

Robust recruitment procedures were not always followed to make sure that only suitable staff were employed. Employer references were checked. One out of three employee files showed there were gaps in employment. One staff member who had been employed since we last inspected had a gap of 19 years in their employment history which had not been explored. Records did not evidence that the provider or registered manager had explored reasons for these gaps. This meant that the provider had not carried out checks to ensure the staff member was suitable to work around people who needed safeguarding from harm.

We recommend that the provider and registered manager carry out required employment checks to ensure that staff are suitable to work with people.

Medicines were stored securely. We observed a trained staff member administering people's medicines during the morning medicines round. The staff member checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. When medicines had been administered appropriate records were made. However, one person's MAR showed that they hadn't been given a tablet they had been prescribed. We asked staff about this and they explained that they had not given the tablet as the person was going out in the community and the tablet caused the person to urinate more which can be difficult and distressing whilst out in the community. The MAR had not been completed to show that the tablet had not been given and the reasons why. The person's GP had not been contacted to seek advice about withholding the medicine.

We recommend that the provider follows good practice guidance in relation to recording medicines.

The home manager had completed monthly audits which identified any areas that needed to be improved. The dispensing pharmacy had also carried out a comprehensive audit of the medicines, storage and administration on 04 May 2016. The actions and recommendations made by the pharmacy auditor had been completed.

We observed that there were suitable numbers of staff on shift to meet people's needs. The staffing rotas showed that there were two staff on shift during the day. When people had planned events and additional support needs the home manager assisted the staff by working with people. Staff knew people well, the provider employed an agency worker. The agency worker had worked consistently in the home for several years and knew people well. Relatives told us, "We have found there to be sufficient staff available and they all know what is going on" and "There are always enough staff I feel and we usually see the manager but all the staff seem to know what is happening".

There was a safeguarding policy in place that was dated October 2015. This detailed the types of abuse and signs and symptoms of abuse and gave staff guidance about who to report their concerns to. The local

authorities safeguarding adult's policy, protocols and guidance was in place. This contained information to enable staff to report abuse to appropriate organisations. Staff we spoke with had a good understanding of abuse and how to report it. One staff member told us they would, "Discuss [safeguarding concerns] with the manager [the home manager] and report to safeguarding. Feel that it would be dealt with appropriately by [home manager]." This meant that people were protected from the risks of abuse through appropriate support and guidance.

The home had been suitably maintained and was free from offensive odours. The home employed a maintenance person who made repairs as and when they were required. Records showed that regular checks were made on the gas safety within the home and fire extinguishers. Regular fire drills and fire tests had taken place. The water was monitored to prevent legionella. This meant that the home had been suitably maintained.

Accidents and Incidents had been documented, reviewed and shared with the relevant people, such as local authority care managers. Where incidents had occurred the home manager had contacted CQC to seek advice and guidance. This meant the home manager had notified the relevant people.

Is the service effective?

Our findings

People were unable to verbally describe their experiences. We observed that people were given choices and were involved in their care and support and people were supported to eat and drink at meal times to ensure they had enough to eat and drink.

Relatives told us they had been involved in the care their family members received. They told us, "We are very involved in all aspects of his care" and "We have been involved in the care plan and things".

Staff had received training and guidance relevant to their roles. Staff demonstrated that they had a good understanding and awareness of their job roles. Training courses and events were advertised in the office, these showed courses planned for the coming months. Training records evidenced that all staff had attended first aid training, moving and handling, fire safety training, health and safety, infection control, Autism and epilepsy. One staff member said, "Feel we have the right training and support to meet people's needs. [The administration and finance manager] is good about finding right training if we request things". People received care and support from staff who had been trained to meet their needs.

Staff told us they received regular supervision. One staff member said they "Can ask for training when needed, I'm asked at supervision what training I'd like. I have supervision every 3 months". Records evidenced that staff supervisions took place. Staff meetings didn't take place due to the size of the staff team. The staff held group discussions instead which were documented.

We observed that care and support was delivered in line with the Mental Capacity Act 2005 (MCA). All the care plans we looked at contained decision specific capacity assessments and it was clear that the MCA was considered in day to day care decisions. However, some documentation was conflicting. One person had been assessed to show they were able to communicate but had limited capacity to understand and struggled to make decisions. Other records detailed that the person could make decisions and tell staff yes or no. It also stated, 'I have some skills and would like you to discuss them with me before a decision is made in my best interest'. We spoke with the home manager about this and discussed that staff should not be making best interests decisions for people if they are able to make decisions.

The staff we spoke with had a clear understanding of the MCA. MCA training had been provided to staff. One member of staff told us, "Talked to [person] today, explained that he needs to have a blood test and explained why. He hates to see the needle but was happy to have blood test; I gave him distractions by singing so he was not looking at the needle. If he says no it means no". We observed staff explaining to the person why the nurse had arrived. Staff clearly described what was planned to happen and asked the person if they would like to proceed. Records evidenced that a best interest meeting had taken place in relation to one person's hospital admission and subsequent operation.

People were only 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. The registered manager and home manager we spoke with had a clear understanding of the MCA and DoLS. Appropriate applications had been made for all three people living in the home. Only one application had been authorised by the local authority. This had been authorised in October 2015. The other two applications were still in progress. The authorised DoLS contained conditions which the provider must undertake, such as referring the person for speech and language therapy, physiotherapy and occupational therapy. We checked with the home manager and the conditions had not been met. This meant that the provider had failed to comply with legal conditions in relation to depriving someone of their liberty. The provider and registered manager had not notified CQC about the Deprivation of Liberty Safeguards (DoLS) application.

We recommend that the provider puts adequate systems in place to track and monitor authorisations and conditions, review mental capacity assessments and report DoLS applications to CQC accordingly.

People were given choices of meals. A menu file was in place, this contained menus for the week. The menu was changed twice a year so that during the hotter months lighter meal options were available. People's likes and dislikes in relation to food were in place and these were in pictorial form. One staff member said that there were, "Different choices on the menu, we cook whatever they choose; tonight all had omelette and salad". People had access to drinks when they needed them. Staff regularly offered people hot and cold drinks during the inspection. People were able to have their meals in the dining room or in the conservatory. Staff were engaged with people while they were eating their meals and there were friendly interactions between staff and the people who lived at the home. People were supported to eat out in the community as well as eat food supplied by the home and to have one take away meal per week. Staff were overheard asking people if they had enjoyed their meal and they supported people in a caring and attentive manner. Food was appropriately stored within the kitchen. The kitchen was well stocked with fresh, frozen and tinned foods. People's weights had not always been monitored adequately. One person had not been weighed since October 2015; staff explained that this was because the person was not able to stand on scales. The provider had not looked into other ways of weighing the person in order to monitor their weight.

We recommend that all people receive adequate weight monitoring to ensure that they maintain good health.

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Pain assessments had been carried out and evidence showed that people had received pain relief when it was required. Staff had sought medical advice from the GP when required. One person was supported to attend the doctor's surgery on the day of inspection. Referrals had been made to speech and language therapist (SALT) for people who needed it. Records demonstrated that staff had contacted the GP, nurses, dentist, hospital, healthcare professionals and relatives when necessary. People had seen an optician on a regular basis to check the health of their eyes.

Is the service caring?

Our findings

People were unable to verbally tell us about their experiences. However, we observed that there was laughter, joking and light hearted banter throughout the day. People were supported to be as independent as possible.

Relatives told us that the staff were kind, caring and respectful. Comments included, "The staff are caring, it has taken time for them to understand the way he communicates but it has improved"; "The staff are very caring we have no qualms regarding that, they treat him with respect" and "I do feel the staff do treat the people they care for with respect".

We observed that staff knew people well, interaction was good and people were engaged with what was going on in the home. When we arrived staff explained to people who we were and why we were in the home.

Throughout the day we observed good practice. People's requests and needs were met quickly. Staff communicated with people in their preferred manner, staff ensured that they gave time for people to communicate their needs. Staff were kind and caring. We observed that people who needed guidance to move around the home, were supported appropriately.

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in the locked office to make sure they were accessible to staff. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them. However people's daily records were kept in a cupboard in the lounge which was not locked.

We recommend that registered person's ensure all personal information is securely stored.

Staff respected people's privacy. Where personal care was provided people were given privacy. Staff ensured the bathroom and bedroom doors were closed. We heard staff supporting people to have baths and showers, they offered reassurance, prompts and reminders to enable each person to feel at ease and be as independent as possible. Staff recognised one person liked to take themselves off to the toilet and not close the door whilst they were in there. Staff were heard throughout the day explaining that they were closing the door to protect the person's privacy. One member of staff told us, "When doing personal care, ask them [people] how they want support, close doors, and blinds. Make sure modesty is covered".

Staff respected people's choices and independence. We observed staff asking people for consent before providing them with support.

People's bedrooms had been decorated to their own tastes and personalised with pictures, photographs and items of furniture. Where possible, people's beds had been positioned where they wanted them.

Records included information about people's social history and family and friends who were important to them. People were supported to maintain relationships. For example, people were supported to visit their relatives on a regular basis. Work had been done to develop person centred plans, the plans showed photographic evidence that people had been supported to achieve goals and targets such as cleaning their own room, changing their bedding and washing up. The photographs showed that people were happy and involved.

Relatives told us they could visit their family members at any reasonable time. They told us, "We can visit any time and we do, no problems. We may let them know if he is coming to us for a few days so they can get things ready" and "They always seem pleased to see us always made to feel welcome". The home had a relaxed and friendly feel.

Is the service responsive?

Our findings

People were unable to verbally describe their experiences. We observed that people were supported to access activities in the local community. Staff listened to what people wanted and picked up on signs that people wanted to go out such as key words and actions.

Relatives knew who to talk to if they had any concerns, complaints or compliments. Comments included, "I speak to the manager [home manager] frequently about his care, he needs a physio as he is not walking and we need to get him going again" and "I speak to [home manager] I had to say about his head aches, that although the prescription says one or two he needs two straight away, if not he suffers for hours once it takes hold".

The home manager explained how they were in the process of updating and reviewing care plans and documentation, records evidenced this was in progress. They explained that further work was required on the care plans to make them reflect people's likes, choices, preferences. For example, care plans didn't show people's preferences for times of day they liked to go to bed or get up in the morning. There were no assessments on record to evidence that people's care needs had been reviewed or reassessed since they had moved to the home. Relatives told us they had been involved in care planning and that the care package was regularly reviewed. They said, "I was very involved, it was me that got him moved there. From the start we talked about the care that he would need, what he likes and how he communicates. His care plan is reviewed too, we have an on going dialog with [home manager] and the staff" and "The care is reviewed and we are included in all that goes on".

The staff and the home manager took time to listen to people, answer their questions and provided reassurance when needed. People visited the home manager's office for a chat during our visit. Each person had a communication passport. This is a document that describes how each person communicates. This was intended to help staff to communicate with people who were unable to express themselves verbally. Photographs had been included which showed how people communicated that they were happy and sad. Staff used this when they communicated with people to interpret their mood and intentions and this helped them to respond well to people.

Activities information displayed in the hallway showed that people were involved in knitting, gardening, cinema, golf, visits to museums, visiting the library to choose music and sensory items, arts and crafts and visits to families. External providers visited the home to provide activities on a regular basis such as aromatherapy and music for health. Some people attended a day service run by another organisation to make woodwork. Daily records evidenced that people were supported to go out into the community regularly. On the day of the inspection, people were supported to go out to the beach and have lunch out. Each person had an activities schedule that was personalised to them. People's care records contained photographs of them participating in activities they enjoyed. One person's care file detailed that they liked to be near water, this was demonstrated by a photograph of the person pointing at the water, smiling as well as putting their thumb up. The daily records showed that people had made choices about activities. They had declined to engage in activities and had chosen to listen to music, watch television and relax

instead. One staff member told us that it was, "Important to give people independence. Gives self-esteem and ability to do things themselves and achievement". Relatives told us, "The staff do a lot too, they take him out and he loves colouring" and "The staff do things with him I know he is happy there now he sings when he is on his way back to the home. He always sings when he is happy that's how we know".

The provider had a complaints policy and procedures which included clear guidelines on how and by when issues should be resolved. It contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the Care Quality Commission. The complaints procedure was found in each person's care file along with a capacity assessment that showed that the person did not have capacity to make complaints. The complaints policy was not in an easy to read format, which would make it easier to read. This meant that people may not know how to formally complain. There had not been any complaints or compliments received.

We recommend that the provider reviews and updates the complaints procedures to ensure that people and their relatives have clear guidance in a way they understand.

Relatives had been sent surveys to ask their feedback about the service. However, they had not been sent a survey since September 2014. The survey responses were positive. Feedback seen stated, 'I am happy with the care and respect given to my son'; 'The staff are very supportive to bath [person] and the family, the regular staff are aware of ask [person's] moods and care needs' and 'I am thankful to the staff for the care and support to the family as well as [family member]'.

The provider had a 'Responding to the experiences of service users' policy which was dated April 2015. The policy detailed that the service will take every opportunity to enable people to express their views about care and support provided by creating conditions so that people feel comfortable to feedback to staff. The policy also stated that the provider would encourage staff to be alert, provide systems for staff to report feedback, utilise informal feedback such as observations of people and value feedback. Each person's care files contained keyworker notes which showed that staff had met with people and had asked their views and experiences. The responses showed that people were happy. For example, one person's keyworker notes showed that they were happy attending the day service, they didn't want to change keyworker and they wanted to go to Margate, Isle of Grain and wanted to go out for tea and coffee. This meant the provider had ensured people's feedback had been gained and staff had followed the policy and procedures.

Is the service well-led?

Our findings

At the last inspection we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Audits were not robust as action had not been taken to address issues in a timely manner. Sunnyfields did not have a registered manager and a provider information return (PIR) had not been completed.

At this inspection we found that improvements had been made. A registered manager had been employed. Quality audits had been undertaken by the home manager and the provider.

People were unable to verbally tell us about their experiences. People clearly knew the home manager because they regularly worked on shift in the home with people. The home manager was aware what was going on in the home on a day to day basis and fed this back to the registered manager at regular intervals.

Relatives told us that the service was well run. Comments included, "I think the home is well run" and "I would say the home is well run, our son gets all he needs".

At the last inspection the provider had not carried out robust assessments of the quality of the service. At this inspection we found that the provider, registered manager, administration and finance manager and staff had carried out several audits. A full audit of finances had been carried out on the 24 June 2016, the home manager carried out a weekly check on finances as people required staff support to manage their finances. A health and safety audit had been completed on the 05 May 2016, where all areas of the home had been checked. Staff with lead responsibilities had completed monthly infection control audits. The provider had completed audits in June 2015, February 2016 and May 2016. These focussed on key areas such as catering, personnel files, general audits, maintenance, staff training, supervision, staffing, finance, activities, vacancies, person centred plans and observations whilst in the home. Actions from these audits included addressing sickness levels. The actions had been taken by the home manager and had been resolved.

Records of checks, meetings and discussions showed that the registered manager had carried out an audit of records and had made recommendations in relation to one person who was due to return from hospital. These recommendations had been completed. The home manager told us that the registered manager carried out checks in the home on a fortnightly basis. The home had been inspected by the local authority's contract monitoring team in May 2016. Some minor observations had been reported which the home manager had completed.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The provider and registered manager had notified CQC about a serious injury.

Our observations and discussions with staff and relatives showed us that there was an open and positive

culture which focussed on people who used the service. We observed that the home manager had an open door policy, people and staff visited the office at various points in the day to ask questions.

The provider is required to display their inspection rating following a CQC inspection. The rating for the inspection conducted in October 2014 was displayed in the entrance hall and in the office, which meant people, relatives and visitors were able to see the rating of the service. However the rating had not been displayed on the provider's website.

We recommend that the provider updates their website to ensure that the rating is clearly displayed.

We spoke with staff about their roles. They described these well and were clear about their responsibilities to the people who lived at Sunnyfields and to the management team. The staffing structure ensured that staff knew who they were accountable to. Each shift was led by a senior who was supported by the home manager. At times when the home manager was not on duty, staff knew they could call the home manager at any time for support. Staff knew the registered manager and the provider. Staff said they felt well supported in their roles. One staff member said, "I feel well supported by [home manager], she's very approachable, accommodating and she's very nice". This showed that staff were well supported to carry out their roles.

Communication was good between the staff. A Communication book was in place which showed that the home manager and staff left each other messages which were signed off when they were read. Staff told us, "We have good communication skills, we have a handover every morning" and "Communication good, every morning we have a handover and a communication book and diary in place. It's a good team, we work well. It's nice to come to work and have a happy day if staff are happy then the clients are happy".

Staff told us they were not always aware of what was happening in the wider organisation. They gave us examples about reading news stories about the other home owned by the provider in the newspaper. Staff told us they had not seen the registered manager or provider for some time. The home manager told us that they met the registered manager and provider regularly, sometimes this was at the provider's other home. Records evidenced this. The home manager told us that when the provider had made alterations and amendments to policy, procedures or practice these were passed on to them to implement at Sunnyfields. We saw evidence that updated policies had been sent to the service which staff had then read and signed. The registered manager told us they had implemented a 'resident of the day' system at their other home which had been successful and they were planning to put this in place at Sunnyfields too.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies and procedures were in the process of being updated by the administration and finance manager. The policies protected staff who wanted to raise concerns about practice within the service. Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they would escalate concerns to CQC as well as the local authority. Effective procedures were in place to keep people safe from abuse and mistreatment.

The aim of the service was to 'Provide a service that will meet the needs of the people who use or might use the services to experience independence, community opportunities, become equal individuals with choice and recognition' and 'We aim to provide personal care and support in ways which have positive outcomes for service users and promote their active participation'. Staff were committed and passionate about delivering high quality, person centred care to people. We observed staff being greeted with smiles and high fives from people. One member of staff said, "I treat these residents as I'd like to be treated myself; as much

choice as possible. They [people] are able to make decisions and I like to keep them as independent as possible to build up people's confidence. I really enjoy working for this service".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to assess and mitigate the risk of harm to people using the service. Regulation 12 (1)(2)(a)(b)(d)(h) |